

EXPLORING SELF-COMPASSION WITH LESBIAN,
GAY, AND BISEXUAL PERSONS

by

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ABSTRACT

Self-compassion is a construct involving three major components: self-kindness, common humanity, and mindfulness, which promote emotional balance, kindness to self and others, and building a community rooted in compassion. This chapter synthesizes the literature on self-compassion in an effort to provide clinicians with a foundational understanding of how to process and incorporate the concepts and practices of self-compassion into clinical work. Additionally, this chapter seeks to provide social work practitioners ways to conceptualize and cultivate self-compassion in clinical practice. The chapter will begin with background information regarding the relationships between self-compassion and the Golden Rule/Ethic of Reciprocity. Previously collected qualitative data (from the authors own work) will be used to enhance the understanding of the self-compassion process. Next, the chapter will discuss the foundational components of self-compassion, the importance of self-compassion in relationship to mental health, and ways to cultivate self-compassion. Finally, conclusions about the role of self-compassion in social work practice are addressed.

Using in-depth interviews with 16 LGB individuals, this chapter explored how they processed their personal coming-out narratives through the lenses of self-compassion and Schlossberg's Transitional Theory. The results, written in the form of a composite narrative, highlight four themes of fear: don't say I am gay [lesbian/bisexual], from the 'huh' to the 'okay,' and living into it. The composite narrative helped illustrate the difficulty the participants had during their coming-out processes, as participants felt

uncertain of claiming a nonheterosexual sexual orientation. This chapter purports that self-compassion helped to provide the emotional safety needed during this transition to see the self without fear of self-condemnation, allowing the individual in the coming-out process to move to more empowering patterns of thoughts, feelings, and behaviors. Implications for research and practice are addressed.

This chapter investigated the role of self-compassion of lesbian, gay, and bisexual identity development in 215 LGB adults, ages 18-70, in the United States, who were recruited through multiple methods. Data were gathered on demographics, the Self-Compassion Scale, and the Lesbian, Gay, and Bisexual Identity Scale. Multivariate analyses demonstrated that both being out and self-compassion have a positive impact on LGB identity development. Self-Compassion explained 17% of the total variance and one's level of being out explained 30% of the total variance in LGB identity scale scores. The results suggest that social work professionals should be sensitive to LGB-specific identity development issues such as coming-out/one's level of being out. The results also suggested that social supports and connections are important to empower LGB identity development.

This dissertation is dedicated to my family and friends. Their love and support over my lifetime and throughout my time in the PhD program has been priceless. As well, this dissertation is dedicated to the many people who showed such courage and bravery throughout their lives and were willing to share their stories with me.

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CHAPTER 1

INTRODUCTION

Overview of the Problem

This dissertation explored the influence of self-compassion on coming-out and identity development in lesbian, gay, and bisexual (LGB) persons. Neff and Lamb (2007) defined self-compassion as an open-hearted way of relating to negative aspects of one's self and one's experiences that enable greater emotional resilience and psychological well-being. This dissertation seeks to answer the question: what are the roles of self-compassion and coming-out on the identity development of an LGB individual? This dissertation also seeks to fill a research gap concerning social work, self-compassion, and LGB persons. There are few articles regarding self-compassion and social work, and no articles exploring self-compassion with LGB persons. In searching the literature, 98 articles focused on Self-Compassion between the years 2003 and 2012, 20 articles were by Kristen Neff, PhD, 48 articles used Self-Compassion as a major focus, 30 articles used Self-Compassion as an outcome measure, 3 books published specifically about Self-Compassion, 2 articles published regarding Self-Compassion and Social Work, and 0 articles focused on Self-Compassion with LGB persons.

Due to the absence of surveys and census data tracking LGB orientations, it has been difficult to glean information on the mental health of this population. However, current surveys (Cochran & Mays, 2001; Cochran & Mays, 2007; Cochran & Mays,

2011; DeAngelis, 2002; Grella, Cochran, Greenwell, & Mays, 2011; Mays & Cochran, 2001; Morris, Waldo, & Rothblum, 2001; Rothblum & Factor, 2001), especially those looking at HIV-risk factors, are beginning to include questions about psychiatric problems, sexual behavior, sexual orientation, and sexual partners. Information regarding LGB persons is now becoming more accessible.

Understanding the LGB Population

According to the Williams Institute at the UCLA School of Law (2011), approximately 9 million persons explicitly identify as lesbian, gay, or bisexual in the United States. This number reframes the traditional statistic that there are 1 in 10 people who identify as LGB to 1 in 20 persons. However, due to the likelihood of under-reporting sexual orientation, only estimates of the LGB population can be reported. There are a number of factors that contribute to the under-reporting of LGB population statistics (Cochran, 2001; Cochran & Mays, 2007; Cochran & Mays, 2011; Grella, Cochran, Greenwell, & Mays, 2011). First, there is no standard definition of what it means to be LGB (behavior, attraction, orientation). Second, only the people who are willing to state they identify as LGB can be counted in the overall numbers. Finally, under the Defense of Marriage Act (1996), the Census Bureau is not able to ask if people are living in same-sex households (Johnson, 2010).

The public health arena, through large population-based studies (Cochran & Mays, 2001; Cochran & Mays, 2007; Cochran & Mays, 2011; DeAngelis, 2002; Grella, Cochran, Greenwell, & Mays, 2011; Mays & Cochran, 2001; Morris, Waldo, & Rothblum, 2001; Rothblum & Factor, 2001) has increased the knowledge and research base regarding LGB persons. These studies found that gay men have a higher rate of

negative mental health consequences such as recurrent major depression. Moreover, within a sample of LGB youth, higher rates of generalized anxiety disorder, major depression, and substance abuse were found (Cochran & Mays, 2001; Cochran & Mays, 2007; Grella, Cochran, Greenwell, & Mays, 2011; Mays & Cochran, 2001). These studies indicate that people ages 15-54 with same-sex partners have higher rates of anxiety, mood disorders, substance abuse issues, and higher suicidal rates than their heterosexual counterparts (Morris et al., 2001). Finally, men and women who are in same-sex partnerships have a higher use of mental health services (Grella, Cochran, Greenwell, & Mays, 2011; Rothblum & Factor, 2001).

Relevance to Social Work

When investigating the literature specifically regarding self-compassion and LGB persons, there is a paucity of scholarship in social work and other socio-behavioral discipline journals. Nevertheless, there is significant research with LGB persons in similar subject areas such as religion, spirituality, and mindfulness and the relevance of these practices on their mental health.”The social work profession is committed to promoting the concerns of those seen as disenfranchised and disadvantaged in our society (Ying & Han, 2009). It is important to add research regarding the role of self-compassion with LGB persons in order to move forward in practice, research, and policy advocacy for this population. Social workers adhere to a code of ethics that states that all people have worth and dignity and should be respected. Therefore, social work professionals have a responsibility to provide cultural competence regarding diversity, respect to all persons, and advocating for and eliminating discrimination. The Preamble of the NASW Code of Ethics states, “A historic and defining feature of social work is the

profession's focus on individual well-being in a social context and the well-being of society" (NASW, 1999, p. 1). Moreover, embedded in the mission statement of the NASW Code of Ethics are the core values of the profession, which all social workers strive to live: service to others, social justice, honor and respect the dignity and worth of all persons, understand the importance of human relationships, be persons of integrity, and be competent social work practitioners (NASW, 1999).

Brief Literature Review

LGB and Sexual Orientation

Sexual orientation describes the way in which a person navigates differing patterns of romantic, sexual, and emotional attraction to other males, females, or a combination of both male and female (American Psychological Association [APA], 2008). The APA furthers the definition of sexual orientation by stating, "Sexual orientation is enduring and also refers to a person's sense of personal and social identity based on those attractions, behaviors expressing them, and membership in a community of others who share them" (APA, 2008, p. 1). Sexual orientation is different from sexual preference, which could suggest a degree of voluntary choice (e.g., bisexuality) (Rosario, Schrimshaw, Hunter, & Braun, 2006) and gender identity, which can be understood in how one defines and conceptualizes themselves as a gendered person, usually seen in terms of male, female, or transgender (Garcia-Falgueras et al., 2010; Reiter, 1989). The focus of this dissertation will focus solely on sexual orientation; issues regarding transgender persons will not be addressed. This delineation is made because LGB are terms that represent sexual orientation (e.g., heterosexuality, homosexuality, bisexuality, and asexuality), whereas transgender is not a sexual orientation but a gender/sexual

identity (APA, 2008).

LGB Identity Development

Identity derives from one's self as well as through the interaction with others. For the LGB person, identity development takes on a different dimension from that of traditional hetero-normative identity development (Worthington, Savoy, Dillon, & Vernaglia, 2002). Identity formation is the process by which one becomes aware of one's burgeoning sexual orientation, questioning whether one may be LGB, and exploring that LGB identity by becoming involved in LGB social and/or sexual activities. This process is typically known as coming-out (Cass, 1979; Chapman & Brannock, 1987; Morris, 1997; Troiden, 1989). The goal for the LGB person is to experience a cohesive self as they move forward in coming to terms with who he/she is and his/her relationship to the world. A number of theorists have designed developmental models for understanding LGB identity development (Table 1.1). Some theorists have developed identity development stages based on research with gay men (Cass, 1979; McDonald, 1982; Troiden, 1989), lesbians (Chapman & Brannock, 1987; Gramick, 1984; Ponce, 1978), and bisexuals (Brown, 2002; Bleiberg, Fertmann, Friedman, & Godino, 2005). Each developmental model is unique; however, there are a few overarching themes that can be distilled regarding the LGB identity development process. These themes are resistance, awareness of being different, questioning/exploration of feelings, acceptance of being different, and integration of an LGB identity (Rosario, Hunter, Maguen, Gwadz, & Smith, 2001; Yarhouse, 2001). Holistically, these models identified an identity formation process as individuals moved forward toward integration and a sense of congruence regarding their sexual orientation, behavior, and identity.

Table 1.1: Theories of LGB Identity Development, Heteronormative Development, and Self-Compassion.

Gay Identity Development Theorists	Cass (1979)
	<ol style="list-style-type: none"> 1. Identity Confusion 2. Identity Comparison 3. Identity Tolerance 4. Identity Acceptance 5. Identity Pride 6. Identity Synthesis
	Troiden (1979)
	<ol style="list-style-type: none"> 1. Sensitization 2. Identity Confusion 3. Identity Assumption 4. Commitment
	McDonald (1982)
	<ol style="list-style-type: none"> 1. Awareness of Attraction 2. Same Sex Behaviors 3. Self-Label as Gay 4. First Gay Relationship 5. Revelation of Sexual Orientation to non-Gay Significant Others 6. Positive Identity through Integration of Feelings and Behaviors
Lesbian Identity Development Theorists	Chapman and Brannock (1987)
	<ol style="list-style-type: none"> 1. Same-Sex Orientation 2. Incongruence 3. Self-Questioning/Exploration 4. Self-Identification 5. Choice of Lifestyle
	Gramick (1984)
	<ol style="list-style-type: none"> 1. Feeling Different 2. Cognitive Awareness 3. Physical Attraction 4. Meeting a Lesbian 5. Physical Contact 6. Having a Lesbian Relationship lasting 6 or more months 7. Self-Acknowledgement 8. Emotional Attraction

Table 1.1 Continued

	Ponse (1978)
	<ol style="list-style-type: none"> 1. Being Different 2. Understanding the Significance of Feelings 3. Comes Out/Acceptance 4. Seeks Community 5. Lesbian Relationship
Bisexual Identity Development Theorists	Brown (2002) <ol style="list-style-type: none"> 1. Initial Confusion 2. Finding and Applying the Label 3. Settling into the Identity 4. Continued Uncertainty
	Bleiberg, Fertmann, Friedman, & Godino, (2005) <ol style="list-style-type: none"> 1. Socializes into a Heterosexual World; Develops a Heterosexual Identity 2. Experiences Homosexual Feelings/Thoughts/ Behaviors 3. Accepts Homosexual attraction while maintaining heterosexual identity 4. Integrates heterosexual and homosexual identities 5. Identifies as a Bisexual
Overall LGB Identity Development	D'Augelli (1994) <ol style="list-style-type: none"> 1. Exiting heterosexual identity 2. Developing a personal lesbian/gay/bisexual identity status 3. Developing a lesbian/gay/bisexual social identity 4. Becoming a lesbian/gay/bisexual offspring 5. Developing a lesbian/gay/bisexual intimacy status 6. Entering a lesbian/gay/bisexual community
Heteronormative Identity Development	Worthington, Savoy, Dillon, & Vernaglia (2002) <ol style="list-style-type: none"> 1. Unexplored Commitment 2. Active Exploration 3. Diffusion 4. Deepening and Commitment 5. Synthesis
Self-Compassion Development Process	Germer (2010) <ol style="list-style-type: none"> 1. Aversion—resistance, avoidance, rumination 2. Curiosity—turning toward discomfort with interest 3. Tolerance—safely enduring 4. Allowing—letting feeling come and go 5. Friendship—embracing, seeing hidden value

Rosario et al. (2006) discussed the importance of identity integration:

Identity integration is evident by the individual coming to accept a GLB identity, resolving internalized homophobia by transforming negative attitudes into positive attitudes, feeling comfortable with the idea that others may know about the unfolding identity, and disclosing that identity to others. Identity formation and integration are involved in a reciprocal process. They share common components, such as gay-related social activities, that serve as both a facilitator and outcome of identity development over time. (p. 46)

Additionally, theorists such as D'Augelli (1994) and Rust (2003) began to move beyond a stage model theory to a process, nonlinear model. Rust (2003) explained that “although models are developed to *describe* psychological and social phenomena, when they are used in efforts to predict or facilitate the processes they describe, they become prescriptive” (p. 239). One of the strongest critiques of the linear models of development is that they tend to identify what is “normal,” with the final development stage being the end goal. Therefore, reaching the final stage means one has arrived at a fully developed identity.

When addressing LGB identity development through the lens of self-compassion, there appear to be clear commonalities in both the process of self-compassion and identity development. According to Christopher Germer (2009), the process of “turning toward discomfort” (p. 27) is a significant aspect in developing self-compassion. We can also infer that one turns toward discomfort when one begins the journey of developing an LGB identity. The first process begins as resistance of the discomfort where one typically avoids the issue. The next process is being aware of the discomfort and turning toward it with some interest or in LGB terms, the awareness of being different. Thirdly, one begins to have tolerance to safely endure the discomfort, or in LGB terms, one begins her/his exploration process. As the process continues, self-

compassion allows the discomfort to be a part of their life. Feelings about the discomfort come and go, just as the LGB person begins to accept her/his difference from the heterosexual norm. Finally, self-compassion embraces, makes friends with the discomfort, and begins to see the hidden value of what happened in her/his life. This is akin to the final process of LGB development when integration of the LGB identity becomes the whole of the person's life.

Self-Compassion

The definition of self-compassion relates to the more general definition of compassion. Compassion means connecting to the suffering of others by not avoiding their pain and instead recognizing it so that the feeling of kindness may emerge (Neff, 2003). It also involves offering nonjudgmental understanding to those who fail or do wrong, so that their actions and behaviors are seen in the context of shared human fallibility. Self-compassion, therefore, involves being touched by and open to one's own suffering, not avoiding or disconnecting from it, generating the desire to alleviate one's suffering and to heal oneself with kindness. Self-compassion also involves both formal and informal practices of offering nonjudgmental understanding to one's pain, inadequacies, and failures, so that one's experience is seen as part of the larger human experience (Neff, 2003).

Being self-compassionate is not the same as being narcissistic. Instead, a goal of being self-compassionate is to enhance feelings of compassion and concern for others. Self-compassion also entails seeing one's own experience in light of the common human experience. One acknowledges that suffering, struggles, and feelings of inadequacy are

part of the human condition, and that all people, including oneself, are worthy of compassion (Neff, 2003).

Several studies demonstrate the relationship between self-compassion and psychological issues. Self-compassion appears to have a positive impact on an LGB person's identity development. Self-compassion has been negatively correlated to anxiety (Neff, 2003; Neff et al., 2005; Neff et al., 2007; Raes, 2010) and depression (Mills et al., 2007; Neff, 2003a; Neff et al., 2007; Neff et al., 2008; Ying, 2009). Neff and Vonk (2009) suggested that self-compassion was positively correlated with happiness, optimism, and positive affect. Additionally, self-compassion has been shown to be associated with a positive sense of well-being (Neely, Schallert, Mohammed, Roberts, & Chen, 2009). This relationship between well-being and self-compassion is important in that well-being, as defined by Neely (2009) and her colleagues, is having a strong sense of life purpose, self-mastery, and high life satisfaction (Barnard & Curry, 2011). Overall research on self-compassion shows that many variables are hypothesized to contribute to a positive sense of identity development.

The more self-compassion one has, the less there is judgment of others because the comparisons between oneself and others are not needed to enhance or defend one's self-esteem. Additionally, feeling compassion for oneself is similar to feeling forgiveness for oneself (Neff, 2003). Neff (2003) remarks that when we forgive, we are welcoming others into the human community and we see each other as equally worthy of respect (Neff, 2003). Self-compassion may help provide the emotional safety needed to see the self without fear of self-condemnation, allowing the individual to more accurately perceive and rectify patterns of thought, feeling, and behavior (Neff, 2003). The concept

of self-compassion may provide a powerful motivating force for personal growth and change. Moreover, self-compassion requires that individuals not avoid or repress painful feelings, so that there is acknowledgement and a feeling of compassion for their experience in the first place. Thus, a compassionate attitude toward oneself is known as mindfulness (Neff, 2003). According to Neff (2003), in the context of self-compassion, mindfulness is a flexible and spacious mindset, not attached to any particular religious or philosophical point of view, that helps yield greater insight into one's experience (Neff, 2003a).

When individuals are faced with experiences of suffering or personal struggle, self-compassion provides three basic tools for working through the struggle: self-kindness, common humanity, and mindfulness. Self-compassion teaches self-kindness as one extends kindness and understanding to oneself rather than harsh judgment and self-criticism. For the LGB person, this could be the time of acknowledging and accepting who they are as they begin to understand themselves as LGB persons. This acknowledging time has the potential to have both positive and negative implications for the well-being of LGB people. For example, this acceptance can be a time of learning to balance who they are with how they feel about being homosexual or bisexual.

Self-compassion also provides a tool for mindfulness by helping individuals hold painful thoughts and feelings in balanced awareness rather than over-identifying with them (Neff, 2003). In a study of sexual orientation and their satisfaction with significant relationships in their lives, individuals who engaged in less concealment of their sexual orientation expressed a greater degree of satisfaction with their relationships (i.e., increased perceived social support) (Protoczniak et al., 2007). Numerous studies have

demonstrated that having a network of supportive relationships contributes to psychological well-being (Butow et al., 2007; Docherty, 2004; Eysenbach, 2004; Farmer, 2009; Karren, 2010; Sood, 2009; Ussher, 2006). People can practice self-compassion, which can provide a link that connects them to a larger community, rather than experiencing isolation.

Some of the benefits of having a strong social support system include many factors. First, having a sense of belonging where one feels less lonely, judged, and isolated helps in coping with stress where one has the knowledge that she/he are not alone in her/his thoughts and feelings (Farmer et al., 2009; Ussher et al., 2006). Second, support systems can increase one's sense of self-worth by gaining a sense of connection, empowerment, and control (Eysenbach et al., 2004; Karren et al., 2010). Third, a support system helps to provide feelings of security, guidance, and comfort, whereby one can increase coping skills to provide a positive sense of adjustment (Butow et al., 2007; Docherty, 2004; Sood, 2009). Finally, social support systems are places to gather information, feel a sense of community, and specifically with LGB persons, provide a place to share personal experiences and offer support, advice, and practical tips to cope and process their life experiences (Butow et al., 2007; Docherty, 2004; Eysenback, 2004; Farmer, 2009; Karren, 2010; Sood, 2009; Ussher, 2006). Nevertheless, regarding social support systems, it is disheartening that LGB individuals generally perceive less social support than their heterosexual counterparts, which can translate into social anxiety and self-concealment (Safren & Pantalone, 2006).

Dissertation Objectives

Specifically, this dissertation seeks to answer the question of how self-compassion and coming-out affects the development of an LGB person's identity. This study is divided into three smaller studies, all looking at the role of self-compassion with LGB persons. The first study will be a review and synthesis of the literature regarding how to conceptualize and cultivate self-compassion in social work clinical practice. The second study is a qualitative exploration of LGB experiences with self-compassion. The third study is a quantitative exploration of the relationship between self-compassion and coming-out on the development of an LGB identity.

In order to achieve the goals of the study, this dissertation sought answers to the following research questions:

1. What are LGB person's experiences with self-compassion?
2. What is the relationship between self-compassion and coming-out on the development of LGB identity?
3. What are ways in which professional social workers can conceptualize and cultivate self-compassion in clinical practice with LGB persons?

Theoretical Foundations

According to Rubin (2008), a theory is an interrelated set of ideas intended to explain aspects of social and behavioral life. Theories help enrich our understanding and sense of how people behave and find meaning in their daily lives and social contexts. In order to shed light on a solution to a problem, one must have an understanding of the possibilities of why there is a problem in the first place. In the context of this

dissertation, three theories will be used to explain the barriers and challenges LGB persons go through in forming a cohesive identity.

The following theories were chosen due to their ability to explain many of the negative and positive social and personal contexts of LGB persons. Beginning with the theory of stigma, this dissertation will discuss issues of life in transition and identity empowerment. Though stigma theory will not be discussed explicitly in this dissertation, principles from this theory will be foundational in all of the studies; therefore, it is important to present a foundational understanding of stigma theory. The individual studies will focus on using Schlossberg's Transitional Theory (1981) and Hall's Identity Empowerment Theory (1996). Additionally, all of the studies will examine the concept of self-compassion and how it is integrated into the theory that is experienced by the LGB individual.

Stigma Theory

In his seminal work, *Stigma: Notes on the Management of Spoiled Identity*, Goffman (1963), described stigma as taking on three different forms: a) abominations of the body (physical deformities); b) blemishes of individual character (weak will, unnatural passions, mental disorder, criminality, homosexuality, and radical political behavior); and (c) tribal stigma of race, nation, and religion. Furthermore, sexual stigma is the devaluing of sexual minorities (LGB persons in this dissertation) and the negative conceptualizations of nonheterosexual identities, relationships, behaviors, and communities (Herek, 2007, Logie, 2010). The negative conceptualizations bring about stress for LGB persons as they are embedded into the fabric of power and control found

in many institutional settings such as politics, religion, and geographic culture (Link & Phelan, 2001; Logie, 2010).

Stigmatization is entirely contingent on access to social, economic, and political power that allows the identification of differentness, the construction of stereotypes, the separation of labeled personal into distinct categories, and the full execution of disapproval, rejection, exclusion, and discrimination (p. 367).

Stress from any of the forms of stigmatization and discrimination can cause an increase in negative mental health diagnoses for LGB persons (Frisell et al., 2010; Herek & Garnets, 2001; Meyer, 1995; Meyer, 2003; Spencer & Patrick, 2009). Though Goffman is noted as the foundational work for stigma theory, many other theorists continue to work on a definition of stigma. Table 1.2 shows a breakdown of selected definitions of stigma.

Goffman (1963) asked the question, “Does the stigmatized individual assume his differentness is known about already or is evident on the spot, or does he assume it is neither known about by those present nor immediately perceived by them?” (p. 4).

Goffman (1963) provides the perspective that stigma may be conceptualized through two different paths. The first path is that of being discreditable, where the stigma has to be revealed, either by intention or by some means the person cannot control.

If the stigma can be successfully controlled and concealed, the person can be seen as passing as a nonstigmatized person; this act of passing can be a term of importance within the LGB community. The second path is that of being discredited, where the stigma is revealed and/or known, and this revelation affects both the behavior of the stigmatized person as well as the behavior of others.

Link and Phelan (2001) have continued the work of Goffman by expanding upon how stigma is conceptualized. Link and Phelan propose that when four components come together, stigma occurs. First, stigma occurs when people are differentiated and labeled. This labeling is usually an oversimplification of a group (heterosexual, homosexual, Black, and White) as well; labeling is typically driven by the dominant culture. Second, stigma occurs when the dominant cultural beliefs begin to stereotype people by the attributes and labels placed on them. Third, stigma occurs when the stereotyping and labeling turn into an “us” and “them” disconnection. Goffman (1963) and Link and Phelan both state that the “us” and “them” dichotomy carries the implication that the labeled and stereotyped group is “slightly less human in nature,” or in the extreme, not human at all (Goffman, 1963, p. 5). Finally, labeled, stereotyped, and disconnected groups experience discrimination and loss of status (Link & Phelan, 2001). This loss of status and discrimination stem from the dominant group as they seek to keep social, economic, and political power. Summarily, Link and Phelan’s (2001) model of stigma shows that labeling, stereotyping, disconnections, status loss, and discrimination all contribute to the way stigma occurs because of the dominant cultural and political power holders.

Identity Empowerment Theory

C. Margaret Hall’s (1996) Identity Empowerment Theory (IET) establishes a framework for linking one’s personal, community, and societal patterns of behavior, trends, and influences (Hall, 1996). Identity empowerment theory posits that identity is an “experiential or perceived bond or bridge between the self and different levels of social organization,” including micro, mezzo, and macro systems, which has its

foundation grounded on the “concepts which represent selected major interactive social influences” (Hall, 1996, p. 169). In sum, an identity is formed when the individual develops and assumes the norms, ideals, values, and practices of the dominant culture. Thus, when LGB individuals develop their identity, they will begin to see the connections and disconnections between differing social influences and how the connections and disconnections between the self and the external social influences impact their lives. For example, as an LGB person begins to explore her or his LGB identity, it will be apart from what is expected and normed. Therefore, during this time of development for the LGB person, he or she must begin to stand apart from the normed system and find alternative ways of knowing her or himself.

IET consists of a series of 10 interrelated concepts that describe important social processes and social structures within and between an individual and a group. These concepts are self, dyad, triad, family, religion, definition of the situation, reference group, class, culture, and society (Hall, 1996). These concepts collectively represent the spheres of influence and interaction on a person’s development of an empowered identity, or alternately when one does not have positive development, the process can be disempowering. One of the goals of understanding the complexity and interrelatedness of these 10 concepts is to show that identity empowerment is meant to “free” individuals to be who they really are, rather than remaining in a state of meeting the expectations of others and society (Hall, 1996). In the case of an LGB person, this freedom is to identify as a sexual minority and live how they want as a sexual minority.

IET is based on the premise that there needs to be a negotiation of values between both the dominant groups and individuals with other nondominant groups and

individuals. This negotiation is an expression of how the nondominant group begins to create a safe place to thrive within the context of the dominant culture. Self-compassion also plays a role during this time by helping balance the emotional turmoil of this transitional time, to thwart the negative attitudes of judgment that can come from the dominant culture, and to show the importance of community and connection to others. Additionally, this process of negotiation will “either express or repress individual and social integrity” (Hall, 1996, p. 52). Hall stated that as individuals become more authentic in their expression of who they are, by “opting” to express their most important values, their actions become more purposeful and meaningful, both to themselves as well as to others (Hall, 1996).

Schlossberg's Transition Theory

Schlossberg's Transition Theory was born from a "need for a framework that would facilitate an understanding of adults in transition and lead them to the help they needed to cope with the ordinary and extraordinary process of living" (Schlossberg, 1981, p. 3). Describing her model as a vehicle for analyzing human adaptation to transition, Schlossberg asserted that “adaptation was affected by the interaction of three sets of variables: the individual's perception of the transition, characteristics of the pre-transitional and posttransitional environment, and the characteristics of the individual experiencing transition” (Schlossberg, 1981, p. 14). Schlossberg and her colleagues defined a transition as "any event, or nonevent that results in changed relationships, routines, assumptions, and roles" (Sargent & Schlossberg, 1988, p. 58).

According to Schlossberg's Transition Theory (1981), it is important to understand what the meaning of the transition is for an individual. In terms of providing

a lens to view the coming-out process, one needs to understand the context, impact, and type of transition. To better understand what type of transition is occurring, one must determine where they are in the coming-out process. Another part of this process is to understand how the individual identifies and relates their context to their stage/process of coming out. Finally, the individual must assess the impact of coming out to determine the transition's alteration of the individual's daily life.

Schlossberg and her colleagues describe the phases of transition and introduced the terminology of moving in, moving through, and moving out (Anderson, Goodman, & Schlossberg, 2011). "All of us, whether rich or poor, minority or majority, feel marginal when we move into new roles. We are not what we were, nor are we clear about who we should be and what is expected of us" (Schlossberg, 1989, p.8). These processes of moving in, moving through, and moving out are important stages to understand in terms of the coming-out process. In the moving in process, individuals become familiar with the regulations, rules, norms, and expectations of the system. This process requires that a person learn new skills, as well as learn new ways to use old skills. This process may result in a person feeling marginalized. During the moving through process, the individual experiences a type of survival mode as she or he begins to implement what they learned in the moving in process. Finally, in the moving out process, individuals may experience both positive and negative feelings of the overall process, which tends to be determined by their belief that the transition was either positive or negative.

Transition Theory discusses what Schlossberg calls the four Ss: situation, self, support, and strategies (Sargent & Schlossberg, 1988). As one attempts to understand the transitional situation of the individual, one may ask such questions as: what kind of

transition is this? Is this transition positive, negative, expected, unexpected, desired, or dreaded? The situation is also determined by specific triggers, issues of timing, control, role change, duration of problem, previous experiences, and current stress levels. The self refers to the personal and demographic characteristics that may affect a person's ability to cope with the transition. Some of these characteristics are, but not limited to, health, gender, age, ethnicity, social economic status, ego development, and self-efficacy. Supports look at whether or not there are resources, and others who are likely to help, or hinder, the person getting through the transition. Lastly, strategies refer to the individual's ability to cope effectively, and with flexibility, using multiple coping mechanisms.

Dissertation Methodologies

This dissertation is a collection of three individual studies (MAP: Multiple Article Path), which forms a cohesive body of knowledge. The integrating thread that undergirds all three articles is the relationship between the concepts of self-compassion, coming-out, and identity development with LGB persons.

Overall Study Design

All studies within this dissertation looked at the role of self-compassion within the lives of LGB persons. The first study was a qualitative exploration of LGB experiences with self-compassion. The second study was an exploration of the relationship between self-compassion and coming-out on the development of an LGB identity. The third study explored, through participatory action research, the development of the Gay Men's Health Project in conjunction with the Utah AIDS Foundation and how the participants used self-compassion as a foundation for mental health.

Study 1

Title

Conceptualizing and Cultivating Self-Compassion for Social Work Practice.

Methods

The purpose of this article was to provide ways in which social workers can conceptualize and cultivate self-compassion in clinical settings. This article attempted to uncover practical answers to the question: what is self-compassion?

Journal

This article has been written for the Journal of Qualitative Social Work for the New Voices section. New Voices: We welcome articles from practitioners, new researchers, and others who are finding creative ways to work with and write about qualitative research and practice. Articles may take the form of concise reviews, syntheses, reports, innovative writing forms, or *reflective analyses based on dissertations and theses completed or in process, conference papers, or practice accounts* of 10-15 pages (2,750-4,000 words).

Study Two

Title

A qualitative exploration of lesbian, gay, and bisexual experiences with self-compassion.

Participant Selection Criteria

Participants were recruited through flyers, emails, postings at LGB friendly locations, and list-serves, with information briefly describing the study and the eligibility criteria, in order to garner a wide-range of LGB individuals. Additionally, this study employed purposive and snowball sampling. Participants were sought and data were collected until saturation occurred. Data were collected through semistructured interviews lasting approximately 1 to 1.5 hours. Participants identified as lesbian, gay, or bisexual and were at least 18 years of age. Participants were told that I was studying how LGB individuals processed their personal coming-out. All participants were asked to tell the story about their personal process of coming-out.

Data Gathering and Analysis

Once individuals agreed to participate in the study, a time and location for the interviews was established. All interviews were conducted by me and followed the basic outline of the semistructured interview schedule. The interview began with the statement, "Please tell me about your coming-out process." Follow-up included questions about their personal experiences regarding how they typically react (i.e., judgment, criticism, language, self-descriptions, "How do you typically react to yourself?") to him/herself in stressful situations; as well as questions focusing on his/her typical reaction to life difficulties (i.e., treatment of self regarding challenges, suffering, self-care, and feelings, "How do you typically react to life difficulties?" or "How have you dealt with the transitions in your life?"). Each interview ended with me asking the participant "How would you define self-compassion?"

These semistructured, in-depth interviews were digitally-recorded and sought to gather information regarding how people who identify LGB experienced self-compassion in their sexual identity development process. IRB consent documents were completed by all participants prior to the interviews. The interviews occurred at a location selected by the participant, such as their home, office, at the College of Social Work, or another neutral/public location of the participants choosing. With participant permission, the interviews were recorded and transcribed at a later date. If a participant became upset during the interview process, he/she was once again reminded that his/her participation was voluntary and he/she had the right to withdraw or refuse to answer any question(s). Appropriate counseling referrals were given if necessary.

The study was concerned with how the participants processed, constructed, and reproduced their personal meanings, norms, beliefs, and attitudes associated with self-compassion and their personal sexual identity development. To analyze the data, the interviews were transcribed, read and reread to determine emerging themes (Marshall & Rossman, 2001). Following each interview, themes were organized into categories and patterns were identified. Data interpretation arose from the developed categories to determine phenomena of self-compassion and the experiences of self-identified gay, lesbian, and bisexual participants.

The transcripts were analyzed through employing a narrative analysis approach, which helped describe the “meaning and experience for those who frequently are socially marginalized or oppressed, as they construct stories (narratives) about their lives” (Marshall & Rossman, 2011, p. 22). Therefore, through narrative inquiry, this study uncovered salient themes, categories, patterns, and meaning about the beliefs, events,

attitudes, and social structures regarding LGB identity development in conjunction with self-compassion.

Data analysis adopted a critical approach grounded in Schlossberg's Transition Theory (1988), which assisted in processing a framework that facilitated an "understanding of adults in transition and lead them to the help they needed to cope with the ordinary and extraordinary process of living" (Evans et al., 1998 p.145).

Timeframe and Publication

Recruitment and data gathering began October 2011, and continued until saturation occurred. All data were gathered by March 2012. A manuscript will be prepared for submission to The Journal of Gay and Lesbian Social Services. This journal provides empirical knowledge and conceptual information related to sexual minorities and their social environment. Dedicated to the development of knowledge that meets the practical needs of lesbian, gay, bisexual, and transgendered people in their social context, the Journal of Gay and Lesbian Social Services is a forum for studying, for example, the connection between the public issues of homophobia and heterosexism and the personal, day-to-day experiences of people affected by these attitudes.

Study Three

Title

Exploring the relationship between self-compassion and coming-out on the development of an LGB identity.

Participant Selection Procedures

The study population consisted of self-identified lesbian women, gay men, and male and female bisexual persons. All persons were over the age of 18. A power analysis (G*Power) determined the minimum number of respondents to help establish an optimal effect size. This minimum number was 180 participants. In order to garner an *n*-size on a population considered difficult to sample, both snowball sampling and purposive sampling were used. Therefore, participants were recruited through multiple organizations working with LGB persons such as Pride Centers, social media outlets, and list-serves focused on LGB populations. One of the hopes of recruiting online was to have a wide range of participants in age, race/ethnicity, and persons on the coming-out spectrum (not out at all, somewhat out, totally out). IRB approved e-mail announcements, web-site postings, and flyer advertisements for the study were used for participant recruitment. Participants were asked to fill out a web-based survey, written in English.

Data Gathering and Analysis

To answer the research question of: What is the relationship between self-compassion and coming-out on the development of an LGB identity, a cross-sectional design was used for data collection. Data were collected through an online survey via Survey Monkey (www.surveymonkey.com). The emphasis on internet-collected data was due to the ability of the researcher to gather information from a more diverse population base (Best & Kruger, 2004; Hewson, Yule, Laurent, & Vogel, 2003; Smith & Gray, 2009). Highleyman, Longmire, and Steinbauer (2002) have shown that populations experiencing social stigmatization develop internet groups to create virtual communities allowing for safer networking, communication, and affiliation.

The second study employed a quantitative, cross-sectional design. Cross-sectional designs provided the researcher with a particular point-in-time picture of the participants' experiences within the study variables. A cross-sectional research design was chosen for these studies because the nature of the study was descriptive and exploratory (Rubin, 2008; Rubin & Babbie, 2009). The advantages of using a cross-sectional design are the survey can collect data on many variables, retrieve data from a large number of participants, aim to gather data on a variety of participants, and gather data on the behaviors and attitudes of the participants. The following scales were used in constructing the survey, and were used to collect data for Study 2.

Overview of Scales and Measures

The following scales were chosen to provide the basis for the survey used to collect data to answer the proposed research questions. When necessary, permission was given to use the scales or the scales were found in the public domain and were free to use for research purposes. In addition to these scale measures, the survey collected demographic information (i.e., age, gender, sexual orientation, income, education, and religious orientations) on each of the participants. The 70-item survey took approximately 15-20 minutes to complete.

The Self-Compassion Scale (SCS) (Neff, 2003a; Neff, 2003b; Neff, Kirkpatrick et al., 2007) is a 24-item, 5-point Likert scale, in which a higher score equates to higher self-compassion, and looks at how a person shows loving-kindness to one's self through the six dimensions of self-compassion. Previous studies suggest high internal consistency, with a Cronbach's coefficient alpha from this study of .945 suggesting an excellent internal consistency. The six dimensions of self-compassion are: mindfulness,

over-identification, self-kindness, self-judgment, common humanity, and isolation. The three “positive” dimensions of mindfulness, self-kindness, and common humanity are combined with the “negative” dimensions (which are reversed coded (R) then added to the subscale) to create three larger subscales. The mindfulness subscale ($\alpha=.834$) is a combination of mindfulness (“When something painful happens, I try to take a balanced view of the situation”) and over-identification(R) (“When I am feeling down, I tend to obsess and fixate on everything that is wrong”). The self-kindness subscale ($\alpha=.901$) is a combination of self-kindness (“I try to be understanding and patient toward aspects of my personality I don’t like”) and self-judgment (R) (“I am disapproving and judgmental about my own flaws and inadequacies”). Finally, the common humanity subscale ($\alpha=.843$) is a combination of common humanity (“I try to see my failings as part of the human condition”) and isolation (R) (“When I think about my inadequacies, it tends to make me feel more separate and cut off from the rest of the world”).

The Lesbian, Gay, and Bisexual Identity Scale (LGBIS) (Mohr & Fassinger, 2000) is a 27-item, 7-point Likert scale, in which a lower score equates to a higher acceptance of LGB identity measure looking at the development of an LGB identity. The scale is designed to assess six aspects of lesbian, gay, and bisexual (LGB) identity. The LGBIS is a slightly reworded version of the Lesbian and Gay Identity Scale (LGIS) (Mohr & Fassinger, 2000). Previous studies suggest a good internal consistency and this study found a Cronbach’s coefficient alpha of .879, suggesting a good internal consistency. The six aspects of the LGBIS are internalized homonegativity/binegativity ($\alpha=.776$, “I would be straight if I could”); need for privacy ($\alpha=.733$, “I prefer to keep my same-sex romantic relationships rather private”); need for acceptance ($\alpha=.785$, “I often

wonder whether others judge me for my sexual orientation”); identity confusion ($\alpha=.833$, “I am not totally sure what my sexual orientation is”); difficult process ($\alpha=.790$, “Coming out to my friends and family has been a very lengthy process”); and superiority ($\alpha=.445$, “I look down on heterosexuals”).

Projected Statistics

Data were collected from Survey Monkey and uploaded into SPSS for statistical analysis. Descriptive statistics were used to check for frequencies and any violations of statistical assumptions. This study sought to use a *t*-test, a hierarchical regression model, and a structural equation model to help answer the question: what is the relationship between self-compassion and coming-out with a development of LGB identity? The research focused on learning more about the relationship between the independent variables of self-compassion and coming-out and the dependent variable of LGB identity development. A *t*-test was used to look at the difference in mean scores between the dichotomous variable of totally out and not totally out. The hierarchical regression was used to determine the variance of score with the demographic variables and the LGB Identity Scale. A structural equation model was used to determine the amount of change variance self-compassion had on the LGB Identity Scale.

Timeframe and Publication

Recruitment and data gathering began in October 2011, with all data collected by January, 2012. A manuscript will be prepared for submission to Social Work Research.

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CHAPTER 2

CONCEPTUALIZING AND CULTIVATING SELF-COMPASSION FOR SOCIAL WORK PRACTICE

You will encounter frustrations.
Losses will occur, you will
Make mistakes, bump up
Against your limitations,
Fall short of your ideals.
This is the human condition,
A reality shared by us all.
Kristen Neff

Introduction: Understanding Self-Compassion

The purpose of this article is to explore the foundations and uses of self-compassion in order to provide a way to help social work and other mental health professionals define and cultivate self-compassion in practice, research, and life. Therefore, by understanding both the foundations of self-compassion and persons' narratives about self-compassion, social workers may begin to understand and articulate what self-compassion can mean for themselves and for their clients, with the end goal of providing an answer to the question of what is self-compassion?

Understanding self-compassion begins by understanding compassion. Compassion literally means, "to suffer with," and according to Merriam-Webster, compassion is also a "feeling of deep sympathy and sorrow for another who is stricken by misfortune, accompanied by a strong desire to alleviate the suffering" (2012).

Compassion is the awareness to notice the suffering in someone else. However, compassion does not stop with the awareness of the suffering of another; compassion is also a feeling moved by that suffering and responding to the pain. Compassion begins when one realizes that suffering, failure, and imperfection are all parts of the shared human experience (Neff, 2011). Thus, compassionate living is an offering of kindness to others when they fail or make mistakes, creating a nonjudgmental space for the one in pain.

Self-compassion is not a new construct. However, it has only recently begun to be used in academic settings through the work of Dr. Kristen Neff, an Associate Professor at the University of Texas, and the constructor of the Self-Compassion Scale. According to Neff (2003), self-compassion is “an open-hearted way of relating to the negative aspects of oneself and one’s experience that enables greater emotional resilience and psychological well-being” (p. 22). Neff began her interest in self-compassion through her Buddhist meditation practice. This is where some people begin to have some discomfort with self-compassion—it appears to be grounded in religion. Admittedly, there are many aspects of self-compassion that have come from religious traditions. Nevertheless, the conceptual foundation of self-compassion can be seen as a universal truth. Most religious traditions, as well as schools of philosophy, have a compassion dictate such as the Golden Rule or the Ethic of Reciprocity (Table 2.1). For example, “Do unto others as you would have them do unto you.”

One of the purposes of cultivating self-compassion is to reframe the ethic of reciprocity by starting with the ending. If the dictum is to love the other as one loves their own self—then it is necessary that people learn how to have compassion for

Table 2.1 Golden Rule and Ethic of Reciprocity

Group/System	Golden Rule or Ethic of Reciprocity
Baha'i	"And if thine eyes be turned towards justice, choose thou for thy neighbor that which thou choosest for thyself." Epistle to the Son of the Wolf.
Buddhism	"Hurt not others in ways that you yourself would find hurtful." Udana-Varga 5:18
Christianity	"So in everything, do to others what you would have them do to you, for this sums up the Law and the Prophets." Matthew 7:12
Confucianism	"One word which sums up the basis of all good conduct...loving kindness. Try your best to treat others as you would wish to be treated yourself, and you will find that this is the shortest way to benevolence." Mencius VII.A.4
Ancient Egyptian	"Do for one who may do for you, that you may cause him thus to do." The Tale of the Eloquent peasant, 109-110 (Dated 1800 BCE and may be the earliest version of the Ethic of Reciprocity).
Hinduism	"This is the sum of duty: do not do to others what would cause pain if done to you." Mahabharata 15-17
Islam	"None of you [truly] believes until he wishes for his brother what he wished for himself." Number 13 of Imam "Al-Nawawi's Forty Hadiths."
Judaism	"thou shalt love thy neighbor as thyself." Leviticus 19:18
Native American	"All things are our relatives; what we do to everything, we do to ourselves. All is really one." Black Elk (Oglala Lakota, Sioux)
Pagan Religion (Roman)	"The law imprinted on the hearts of all men is to love the members of society as themselves."
Shinto	"The heart of the person before you is a mirror. See there your own form." Munetada Kurozumi
Seneca (1 st Century Philosopher)	"Treat your inferiors as you would be treated by your superiors." Epistle 47:11
Wicca	"And it harm no one, do what thou wilt" (i.e., do whatever you will, as long as it harms nobody, including yourself). The Wiccan Rede.

their own self. Only then can the one end at the beginning of the dictum and love the other. As compassion is transformed into self-compassion, one understands that self-compassion is extending compassion to one's self. This is similar to compassion in that self-compassion is extending compassion and the practice of being kind to one's self for failings, inadequacies, and experiences of suffering. It is how one honors and accepts one's humanness.

Paul Gilbert (1989, 2005) has also helped define self-compassion. Gilbert states that self-compassion is likely tapping into the same physiological system that allows mothers to soothe infants (involving hormones such as oxytocin and opiates). Gilbert (1989, 2005) asserts that all people are innately endowed with the ability to give and receive care; however, how self-compassionate we are is largely based on our early attachment experiences and how we internalized parental messages. Gilbert (1989, 2005) proposed that self-compassion occurs when the threat system (such as feelings of defensiveness and insecurity) is deactivated and the self-soothing system (such as feelings of safeness and security) is activated.

Even though self-compassion can help people connect to the suffering and pain in themselves and others, there are still variables that inhibit self-compassion. According to Neff (2003) one of the most powerful variables that can thwart self-compassion is shame. Shame, usually accompanied by guilt, is something people carry with them as they hold onto their struggles and feelings of inadequacy. This is where self-compassion can intervene. Self-compassion can help “bridge the gap from shame to acceptance, to identity integration, toward a cohesive self” (Neff, 2003, p. 27).

Building the Components of Self-Compassion

Neff (2003a, 2003b) proposed that self-compassion is a construct involving three components: self-kindness versus self-judgment, a sense of common humanity versus isolation, and mindfulness versus over-identification. In each of these concepts, there is a positive and negative quality. The construct of self-compassion is designed to measure how a person shows loving-kindness to one's self through the positive components of self-compassion of self-kindness, common humanity, and mindfulness.

Self-kindness is a process of extending kindness and understanding to oneself rather than harsh judgment and self-criticism (Neff, 2003a; Neff, Hsieh, & Dejitterat, 2005). In a summation of the literature, self-kindness is how one accepts and acknowledges who one is and where she or he is in mind, body, and spirit. Self-kindness can be increased when one internalizes this acceptance of where she or he is and learns to create a balance of who one is with how one feels about one's self. The balance created can help maintain awareness of one's thoughts and emotions to neither run away from nor run away with the feelings. Finally, self-kindness is the process of actively being supportive and caring towards ourselves to lower the impact of negative emotional experiences.

Common humanity describes the realization that our own experiences are part of the larger human experience. Rather than separating and isolating persons from one another, experiences of suffering and pain can be means of making connections and building community (Neff, 2003a; Neff, Pisitsungkagarn, & Hsieh, 2008). Being part of a common humanity allows people to use social support networks in order to gain safety and security and in knowing support and acceptance can come from being a part of a

healthy community. People and life are not perfect. Common humanity helps reframe this imperfection as a means of connection and provides a rationale for being part of a community.

Mindfulness is the component of self-compassion that helps individuals balance painful thoughts and feelings in awareness, rather than over-identifying with problems (Neff, 2003a). Mindfulness helps to combat over-identification by providing people with tools for present-moment awareness, so as not to be lost and overwhelmed by their thoughts. Mindfulness also allows people to experience life with acceptance and non-judgment of their experiences, and not just how they think life “should” be.

Implications of Self-Compassion

Self-compassion researchers (Neff, 2003; Germer, 2009) suggest a belief that Western culture does not seem to encourage self-compassion. This may be due to the Buddhist nature of self-compassion or possibly the fact that self-compassion can appear self-indulgent, touchy-feely, somewhat new-agey, and outside of the tenets of Judeo-Christianity. Additionally, within the specific culture of the United States, self-compassion appears to go against the values of strength, independence, and stoicism.

Nevertheless, self-compassion has been shown to be helpful in increasing life satisfaction (Neff et al., 2005), social connectedness (Neff, 2003a; Neff et al., 2007a), happiness, optimism and positive affect (Neff & Vonk, 2009), equanimity (Leary et al., 2007), competency and performance (Leary et al., 2007; Neff et al., 2005), and emotional intelligence and coping skills (Neff, 2003a; Neff et al., 2005). Self-compassion also has a strong correlation with motivation, especially intrinsic motivation (Neff et al., 2005). Self-compassion has also been shown to decrease anxiety (Neff, 2003a; Neff et al., 2005;

Neff et al., 2007; Raes, 2010), depression (Neff, 2003a; Neff et al., 2007; Mills et al. 2007; Neff et al., 2008; Raes, 2010; Ying, 2009), self-criticism (Leary et al., 2007), rumination and thought suppression (Neff, 2003a; Neff et al., 2007a; Neff & Vonk, 2009; Raes, 2010), as well as perfectionism (Williams et al., 2008).

There is significant evidence that self-compassion has an effect on a wide array of variables. Other interesting aspects of self-compassion are the following: 1) self-compassion is a skill that can be taught; 2) people can learn to be more self-compassionate; and, 3) self-compassion is always available, as long as one is willing to extend that compassion to one's self. Additionally, self-compassion fosters an open-hearted, open-minded sense of connection rather than separation and self-centeredness. Moreover, self-compassion can provide a supportive emotional environment, which may provide the safety needed to see oneself clearly, detect maladaptive patterns, and make changes (Neff, 2005).

The Process of Self-Compassion

Self-compassion is about being able to “sit comfortably in the midst of our own uncomfortable emotions, letting them take their course as we soothe and comfort ourselves” (Germer, 2009, pp. 221-222). Self-compassion is the practice of attending to our own selves with kindness, balance, and connection no matter the situation. Self-compassion asks persons to uncover their answer to an essential life question: “Am I meeting more and more of my life experiences with kindness and understanding?” The following section will focus on five specific narratives indicative of the self-compassion development process. My research has shown that participants demonstrated differing stages of being self-compassionate. The subsequent quotes were taken from a larger,

IRB-approved study about self-compassion and identity development (Crews, unpublished). The participants were asked to write about how they incorporate self-compassion into their lives. These quotes highlight the developmental process of using self-compassion with the stages of acceptance (Germer, 2009). Additionally, these quotes draw attention to some of the issues and points of origin for many people who are or may be learning to incorporate self-compassion into their lives. The narratives heard and read during the research range from stories seemingly without hope, stories of business and stress, stories of brokenness, and stories of learning, to stories of hope and empowerment. Christopher Germer, in his book, *The Mindful Path to Self-Compassion* (2009), outlines five constructs indicative of the self-compassion development process (aversion, curiosity, tolerance, allowing, and friendship).

Stage 1: Aversion—resistance, avoidance, rumination. During this stage of self-compassion and acceptance, one may feel disconnected to their feelings or over-identifying with a feeling that is not wanted.

I try to stay optimistic. I get lonely and go through cycles of depression. I get tired. Foolish hopes keep me going but it's a volatile purgative with over-the-counter efficacy. Most days I feel fragile and weary. I just try and keep up some hope. (Research Participant #49)

Stage 2: Curiosity—turning toward discomfort with interest. This stage provides a space for a person to seek meaning from the previous unwanted feeling. They may ask the question “What is this feeling, and what does it mean?”

I have recently stopped rehashing the ways in which I perceived I've failed in the past (from childhood to present). When those memories rise to the surface, I choose to think about something else. This has been immensely helpful and healing. Now, when my emotions read as negative regarding a situation, I have learned/am learning to see that as my intuition telling me something. I now listen (or do my best to listen) to my emotions carefully as I see them as a guide. When difficult or frustrating experiences arise, I remind myself of all the hurdles I've

already overcome. In my experience, once the “firsts” [failures/disappointments] are experienced and overcome, a foundation is laid for trusting the flow of life. That trust or faith offers immeasurable comfort and confidence. FULL disclosure (since this is for research) I fail at self-care. However, it is an aspect of life I am learning and relearning and practicing and practicing. (Research Participant #104)

Stage 3: Tolerance—safely enduring. Tolerance is a form of resistance while at the same time enduring the emotional pain or unwanted feeling. However, this can be a time when one begins to let their emotional guard down in order to let a deeper meaning emerge regarding their feelings.

There is only one of me. I only get one shot at this life, and I plan to live it honestly to the fullest, and be true to who I really am. The opinions of others are unimportant to me, because I know that I am living my life honestly and consider myself a very moral person, regardless of others beliefs. Being gay doesn't define me, it doesn't bother me, and I don't think it should be such an issue with others. Love yourself and love others, it makes life so much easier. (Research Participant #125)

Stage 4: Allowing—letting feelings come and go. The allowing stage offers a space for a person to let their feelings come and go, allowing them space to feel the positive and negative emotions that arise.

I try to find time for myself and try to not be so hard on myself when things don't go my way. I work full-time, have two young children, and am trying to finish school...so I don't lose my wits on a daily basis. With so much on my plate, I don't have the time to dwell on my insecurities. However, old habits die-hard and I still struggle to balance who I am as a person, a female, a mother. You know, I do feel more comfortable with myself as I grow older. (Research Participant #84)

Stage 5: Friendship—embracing, seeing hidden value. During this stage, one may begin to make friends with the pain, emotional stress, and unwanted feelings. Friendship with painful emotions and feelings may lead to a space where one may discover the hidden value of their painful feelings.

I am aware of my needs and take care of them. I allow for mistakes and use them as reference for future decisions. I am patient with myself and I am with others. I enjoy life immensely and find beauty all around me. I know and like myself...maybe a little too much, but it is okay because it is all part of who I am. I constantly strive to improve...yet I know I am a work in progress. This grace and compassion I show myself, I also hold for others, which allows for lower relationship stress and much happiness in life. (Research Participant #62)

Cultivating Self-Compassion

Becoming more self-compassionate means discomfort is not ignored, but the discomfort is embraced as something to attend to in a loving and kind way. The following is a simple way to begin this process of extending loving kindness to emotional discomfort. One needs to FACE their challenges (Germer, 2009).

- **Feel the pain:** being able to be emotionally present with discomfort.
- **Accept it:** being able to embrace the discomfort without judgment
- **Compassionately respond:** being able to use kindness and understanding with your discomfort.
- **Expect skillful action:** being prepared for the next step.

Self-compassion is about connecting to our selves, seeing our needs, and finding a community in which to take root for nourishment and growth. This rooting can be accomplished through self-compassion. Figure 2.1, synthesized from research on self-compassion, implications from that research, and personal practice experience, shows how multiple variables come together and when used collectively, strengthen one's ability to become a more self-compassionate person. Thus, as a person develops in kindness and care for self and others, listening to one's body, continuing to move forward, and balancing and holding difficult emotions in such a way that allows for the

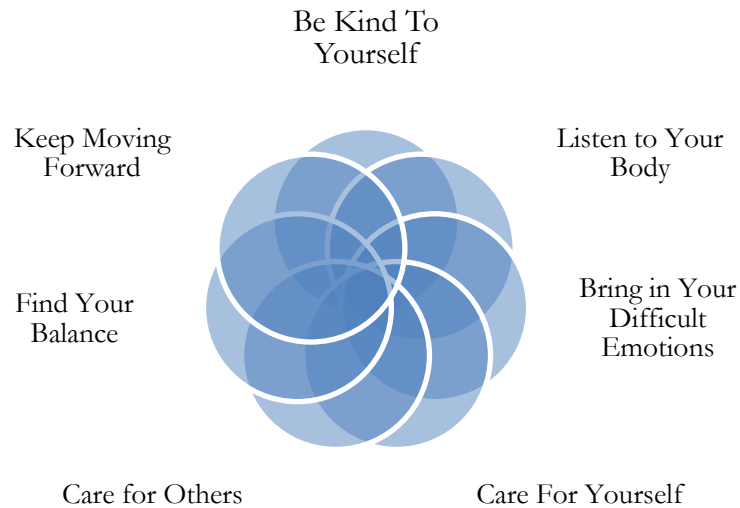


Figure 2.1 Doing Self-Compassion

circles to overlap, one can begin to live out the fruits of self-compassion (Brach, 2003; Germer, 2009; Neff, 2003).

According to Germer (2009), there are five pathways in which self-compassion can be incorporated into one's life: (a) physical, (b) mental, (c) emotional, (d) relational, and (e) spiritually. The following table highlights ways in which these pathways can be put into practice (Table 2.2). Self-compassion has power and has been found to increase positive psychological functioning, and decrease anxiety and depression; however, there can be confusion regarding the meaning of self-compassion, thus limiting how one experiences it.

There are two terms to be addressed when discussing what self-compassion is not: self-pity and self-indulgence. I have discovered, at times, that people confuse self-compassion with self-pity and complaining. When one is feeling self-pity, she or he may become over-identified with their own problems. Self-pity actually breaks down self-

Table 2.2 Pathways to Self-Compassion

Pathway	Through...	Practice
Physical	Softening your body by honoring and being gentle with your physical body	learn to relax and breathe
Mental	Allowing your thoughts to be what they are	let your thoughts come and go, create a mental space where distressing thoughts can slip in and out with ease. Cultivate compassion for your negative thoughts, and love them into healthy thoughts
Emotional	Befriending your feelings	don't fight your feelings. Words for this include: empathy, forgiveness, acceptances, friendliness, kindness.
Relational	Relating to others	human beings are designed to be connected to others...don't isolate...allow for connection to and from others.
Spiritual	Nourishing your spirit	connect to your spirit through God, soul, values, love, peace, truth, or any other means of connecting to the sacred. Honor the sacred in yourself and in others.

compassion because self-pity can mean over-identifying with one's personal suffering while ignoring the interconnectedness with others. People experiencing self-pity can become carried away emotionally and find it difficult to "adopt a more balanced or objective perspective" (Neff, 2009, p. 9).

Another issue that can limit one's experience with self-compassion is self-indulgence. Some believe that self-compassionate people are lazy, letting themselves off the hook with too much ease, appearing self-indulgent, egocentric, and self-centered. One may begin to feel stressed when experiencing suffering and emotional discomfort

may then occur. When stressed, self-indulgence allows a person to say, “I am stressed today...so I will just eat a pan of brownies and watch TV all day.” Though self-compassion is about creating a happy and healthy way of life, indulging in over-pleasure/feel-good has the possibility of harming one’s well-being.

Conclusion

This article was borne out of professional experiences as a clinician, researcher, and teacher. Through this work, I discovered the importance of being able to conceptualize self-compassion within the contexts of clinical practice, research, and teaching. Furthermore, this article seeks to connect the practice of self-compassion to the practice of social work by showing how self-compassion can be seen as a concept that embraces the core values of the social work profession. As I have been teaching and researching self-compassion, many questions about self-compassion have been asked of me and I have come to understand the importance of being able to define and conceptualize this concept with and for others. One question in particular has stood out: What is self-compassion? I respond to the question stating the official definition, which leads to the next question: Yes, but what *is* self-compassion?

Over the years, through research and teaching, I have collected many ways in which people have defined self-compassion. There are persons who have provided definitions and conceptualizations of self-compassion in both negative and positive terms. For some people, self-compassion appears to be too forgiving, too soft, too indulgent, or even too selfish. “Self-compassion appears to be another way for people to let themselves off the hook...it seems that it [self-compassion] is just another way for people not to be responsible for their actions” (quote from research participant).

According to other participants, self-compassion appears through loving yourself, being gentle, forgiving, treating the self with dignity, empathy, and understanding. “Self-compassion means to understand the realization that I am flawed and still have an appreciation of myself, to be true to myself, and to know that my thoughts, feelings, and emotions are important and valid” (quote from a research participant). To answer further the questions of “How do I do self-compassion?” or “How can I become more self-compassionate?” the answer lies in creating space to develop a new, loving, and kind relationship with one’s self. This happens by becoming self-aware when feelings of emotional discomfort occur.

Self-compassion can be defined with simplicity: it is a way of living that promotes balance, kindness, and community rooted in compassion, the Golden Rule, and the Ethic of Reciprocity. However, even as self-compassion can be defined with ease, the challenge is putting self-compassion into practice. This is not only true for the clients that social workers serve, but for the social worker and the social work profession as well. Self-compassion is about encouraging, challenging, and teaching individuals that what they have to offer is a beautiful gift to their own selves and for others. Social work education and practice teaches that all people have multiple strengths and are the experts of their lives. Self-compassion is a construct that embodies this ethic.

A self-compassion-based social work practice would entail being a clinician of nonjudgment, empowerment, and balance, all of which are values of the social work profession. Self-compassion seeks social justice, respect for the dignity and worth of all people, and places a high value on the importance of human relationships. Self-compassion asks that people look at their lives, be honest and compassionate about where

they are, and begin to move forward with self-kindness, mindfulness, and with a realization that all are connected as a common humanity.

The challenge of practicing self-compassion is to start at the end of the Golden Rule or Ethic of Reciprocity. “Do not do unto others whatever is injurious to yourself” (Shayast-na-Shayast 13:29, Zoroastrianism). This means for all people to be mindful about what they are doing that brings injury to their own selves. If we believe that this Rule of Reciprocity is true, then one can simply give to another what they already possess. If one does not have kindness for oneself—it begs the question: is there true kindness for the other? This journey with self-compassion may not be a simple or short path; however, beginning the journey of self-compassion will reframe how we are in relationship to others and our self. As people practice honoring their own selves with kindness, balance, and connection, the hope is that people will extend that loving-kindness to others.

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CHAPTER 3

A QUALITATIVE EXPLORATION OF THE ROLE OF SELF COMPASSION IN THE COMING-OUT NARRATIVES OF LESBIAN, GAY, AND BISEXUAL INDIVIDUALS

Introduction

According to the Human Rights Campaign, the coming-out process begins as an internal process. The realization that one's "sexual orientation may be different from others may trigger internal reflection that can last days, months or years" before one is comfortable discussing the process (Human Rights Campaign, 2011, p. 1). This paper explored how participants processed, constructed, and reproduced their personal meanings, norms, beliefs, and attitudes associated with self-compassion and their personal sexual identity development. One of the aims of the study was to fill the gap in the research regarding self-compassion and LGB persons. At this time, there are no published studies on the role of self-compassion in the lives of LGB person. Therefore, a critical approach grounded in Schlossberg's Transitional Theory (Schlossberg, 1981) was the framework utilized to facilitate an "understanding of adults in transition and lead them to the help they need to cope with the ordinary and extraordinary process of living" (p. 10).

Defining Coming-Out

There are many theorists who have worked to define coming-out. Herek and Capitanio (1998) define coming-out as a form of self-disclosure and “the communication by one individual to another of information about himself or herself that otherwise is not directly observable” (p. 2). Liang (as cited in Livia & Hall, 1997) purports that coming-out is an act of speech, wherein disclosing one's sexual orientation is an altering of a reality for both the self and others. Chirrey (2003) wrote that in Western culture, the process of coming-out can be recognized by the assertion of one's gayness. This assertion challenges the status quo by “demanding that attention be paid to their genius, insisting on their existence as a lesbian, gay, or bisexual person, and refusing to accept negative evaluation of themselves and their lifestyle” (p. 24). Finally, Anderson and Mavis (1997) reported that there is not a singular coming-out event within the complexity of the ongoing coming-out process.

The coming-out experience is different for every individual and needs to be navigated in the most empowering way for an individual. This can become complex as the person begins the lifelong process of coming-out. The coming-out process is deepened when those who consider themselves to be totally out still must make choices regarding their sexual orientation, such as should they disclose their sexual orientation, to whom, and when; this happens multiple times to the LGB person. DeMonteflores and Schultz (1978) argue that coming-out often follows a “covert-overt dimension, from the most private to the most public” (p. 61) when looking at the process of choice as to when and with whom to come out. Quoting stigma theorist Erving Goffman, DeMonteflores and Schultz (1978) expand on Goffman's conceptualization of the process of choice in

the coming-out process by stating the struggle that people have around whether or not “to display, or not to display; to tell or not to tell; to let on or not to let on; to lie or not; in each case, to whom, how, when, and where” (p. 63).

Coming-out can be described as a gradual process or a journey and is meant to include becoming aware of and acknowledging one’s same-sex desires. The preliminary stage of coming-out involves aspects of soul searching and can lead to a personal realization, which is often called “coming out to oneself” and constitutes the beginning of self-acceptance. Many LGB people state that this preliminary stage began for them during childhood when they first became aware of their sexual orientation toward members of the same sex. Coming-out has also been described as a process because of a recurring need or desire to come-out in new situations in which LGB people are assumed to be heterosexual, such as at a new job or with new acquaintances. As Diana Fuss (1991) explains, “the problem of course with the inside/outside rhetoric...is that such polemics disguise the fact that most of us are both inside and outside at the same time.”

The coming-out process is a transitional and transformational process for many persons who identify as LGB. Many LGB individuals discuss their process of coming-out through the image of a heavy burden being lifted. There are many different levels of coming-out; these levels can range from being completely closeted to being totally or publicly out. Additionally, individuals may be out in certain situations and not out in other situations. According to Val Dumontier (1993), there are certain phrases that can describe the different degrees to which an individual might be in the coming-out process (Table 3.1). It is important to note that the coming-out process is not specifically linear

Table 3.1 Coming Out Process Stages

Coming out Process Stage	Description
Closeted	"I don't want you to know"
Passing	"I assume you don't know"
Covering	"I don't know what you know"
Implicitly out	"I'm gay. See it if you can"
Explicitly out	"I'm telling you I am gay"
Publicly out	"You can see me as gay"

and it is common for persons to be at several different stages of the coming-out process simultaneously. Coming-out for many LGB individuals can be understood as a transformational process (DeMonteflores & Schultz, 1978; Cass, 1979; Herek, 1996). The coming-out process can cause significant shifts in an LGB person's sense of self as well as their worldview. Mezirow (1995) stated that a transformation "may involve a reassessment of one's self-concept...is threatening, emotionally charged, and extremely difficult" (Mezirow, 1995, p. 48). This statement is true of the coming-out process for many LGB individuals. Additionally, Mezirow (1995) stated that transformation involves "movement from alienation to agency" and a "movement from a lack of authenticity, being true to one's self, to authenticity" (Mezirow, 1995, p. 48).

Self-Compassion and Coming-Out

Self-compassion "is an open-hearted way of relating to the negative aspects of oneself and one's experience that enables greater emotional resilience and psychological well-being" (Neff, 2004, p. 28). Learning to be self-compassionate can be a positive tool for individuals working through their coming-out process. Self-compassion can help alleviate the potential pain and suffering brought on by one's perceptions of their failings, feelings of inadequacies, and experiences of suffering during the coming out transition

process. This transformation into self-compassion is achieved through kindness, compassion, forgiveness, and being connected to others. Self-compassion works in an open-hearted way, similar to compassion for others, recognizing that suffering is a part of the shared human experience. In the recognition of one's suffering and knowledge that others have similar suffering, one can, through self-compassion, actively respond to themselves with feelings of care and concern.

Self-compassion is composed of three factors: mindfulness, self-kindness, and common humanity. Like compassion, self-compassion involves offering nonjudgmental understanding to oneself when she or he perceives failure or does wrong. Self-compassion, involves being touched by and open to one's own suffering, not avoiding or disconnecting from the discomfort. This nonavoiding stance with discomfort can generate the desire to alleviate one's suffering and to heal oneself with kindness. For the person going through the coming-out process, there are many negative messages sent from their personal selves, family, religion, politics, and society-at-large that reinforce negative self-beliefs. Self-compassion can help offer nonjudgmental understanding to one's experience of navigating those negative mentalities, inadequacies, and suffering, so that one's experience is seen as part of the larger human experience (Neff, 2003). The purpose of self-compassion is to help the person move from feelings of isolation, over-identification, and self-judgment to feelings of confidence and strength in their coming-out process

Self-compassion is an important tool in working with people as they process their coming-out. Research has shown that self-compassion can help increase a person's life satisfaction, social connectedness, autonomy, resiliency, coping skills, personal growth,

skills of reflection, personal wisdom, curiosity, exploration, happiness, hope, and optimism (Neff, Kirkpatrick, & Rude, 2007). Self-compassion has also been shown to decrease anxiety, depression, self-criticism, negative thoughts, and perfectionism. One of the greatest strengths of self-compassion is how it can provide a person with feelings of safety, acceptance, and interconnectedness of self and community (Neff, Rude, & Kirkpatrick, 2007).

Self-compassion helps to provide the emotional safety needed to see the self without fear of self-condemnation, allowing the individual in the coming-out process to more accurately perceive and rectify patterns of thoughts, feelings, and behaviors (Neff, 2003). When individuals are faced with transitional experiences such as coming-out as a personal struggle, self-compassion provides three basic tools for working through the struggle: self-kindness, common humanity, and mindfulness. Self-compassion teaches self-kindness as one extends kindness and understanding to oneself rather than harsh judgment and self-criticism. For most people, this is the time when they accept and acknowledge who they are and where they are in mind, body, and spirit. This acceptance is a time of learning to balance who they are with how they feel about themselves. As a person stops judging and berating themselves long enough to experience a degree of self-acceptance, the negative impact of the emotional experience will be lessened, making it easier to maintain balanced awareness of one's thoughts and emotions to neither run away from nor run away with their feelings (Neff, 2003).

Coming-Out: Using Schlossberg's Transition Theory

Schlossberg's Transition Theory arose from a "need for a framework that would facilitate an understanding of adults in transition and lead them to the help they needed to cope with the ordinary and extraordinary process of living" (Schlossberg, 1981, p. 3). Describing her model as a vehicle for "analyzing human adaptation to transition," Schlossberg asserted that adaptation was affected by the interaction of three sets of variables: the individual's perception of the transition, characteristics of the pre-transitional and posttransitional environment, and the characteristics of the individual experiencing transition (Schlossberg, 1981, p. 14). Schlossberg (1981) and her colleagues defined a transition as "any event, or nonevent that results in changed relationships, routines, assumptions, and roles" (Sargent & Schlossberg, 1988, p. 58).

According to Schlossberg's Transition Theory (1981), it is important to understand what the meaning of the transition has for an individual. In terms of providing a lens to view the coming-out process, one needs to understand the context, impact, and type of transition. To better understand what type of transition is occurring, one must determine where she or he is in the coming-out process. Another part of this process is to understand how the individual identifies and relates their context to their stage/process of coming-out. Finally, the individual must assess the impact of coming-out to determine the transition's alteration of the individual's daily life.

Anderson, Goodman, and Schlossberg (2011) describe the phases of transition using the terminology of moving in, moving through, and moving out. "All of us, whether rich or poor, minority or majority, feel marginal when we move into new roles. We are not what we were, nor are we clear about who we should be and what is expected

of us” (Schlossberg, 1989, p. 8). These processes of moving in, moving through, and moving out are important stages to understand in terms of the coming-out process. In the moving in process, individuals become familiar with the regulations, rules, norms, and expectations of the system. This process requires that a person learn new skills as well as to learn new ways to use old skills. This process may result in a person feeling marginalized. During the moving through process, the individual experiences a type of survival mode as she or he begins to implement what she or he learned in the moving in process. Finally, in the moving out process, individuals may experience both positive and negative feelings of the overall process, determined by her or his belief about the transition.

Methods

As an approved IRB study, purposive sampling (Singleton & Straits, 2004) and snowball sampling (Noy, 2008) were used to recruit study members who self-identified as LGB individuals and were willing to talk about their coming-out process. The selection criteria included self-identified LGB identified persons over the age of 18. Participants were recruited through flyers placed around a large Western university campus and the community briefly describing the study and its eligibility criteria. All participants were asked to tell the story about their personal process of coming-out.

Research Question/Purpose of Study

This qualitative study explored and investigated the participants’ narratives regarding the research question: How do gay, lesbian, and bisexual persons experience self-compassion as they process coming-out? In seeking to explore, describe, and

analyze meanings surrounding the individuals' lived experiences, a narrative analysis approach was used to help describe the "meaning and experience for those who frequently are socially marginalized or oppressed, as they construct stories (narratives) about their lives" (Marshall & Rossman, 2011, p. 22). Thus, in using narrative inquiry, this study uncovered salient themes, categories, patterns, and meaning about the beliefs, events, attitudes, and social constructs occurring in the phenomenon of LGB persons' coming-out processes.

Participants

Sixteen (16) persons (6 gay men, 6 lesbian women, 2 bisexual men, and 2 bisexual women) agreed to participate in the study (Table 3.2). 10 of the participants self-identified as Caucasian, 2 as African American, 2 identified as being of mixed race, 1 identified as Asian American, and 1 identified as Latina. The participants ages ranged from 24 to 52 and the years of being out ranged from 0-30+. Research participants had varied educational backgrounds. Three of the participants identified as university students, 2 stated that their maximum education was high school, and the remaining 11 participants stated holding a bachelor's degree or higher. Finally, the participants were employed in a variety of occupations such as education, public service, politics, medical, skilled trade labor, and other service agencies. In order to preserve confidentiality, all participants were provided a pseudonym.

Table 3.2 Description of Participants

Pseudonym	Age	Sex/Gender	Sexual Orientation	Race/Ethnicity	Years Out
Amanda	25	Female	Lesbian	Caucasian	3
Andrea	26	Female	Lesbian	Caucasian	3
Ben	24	Male	Bisexual	Caucasian	2
Elizabeth	41	Female	Lesbian	Caucasian	20
Greg	2	Male	Gay	Latino/Native American	6
Jared	28	Male	Bisexual	Mixed (Caucasian/Latino)	3
Jeff	37	Male	Gay	Caucasian	15
Jill	25	Female	Lesbian	Asian American	4
Kyle	38	Male	Gay	Caucasian	21
Lisa	50	Female	Lesbian	Latina	9
Mike	24	Male	Gay	Caucasian	4
Sarah	33	Female	Bisexual	African American	11
Skye	28	Female	Bisexual	Caucasian	5
Stephanie	52	Female	Lesbian	Caucasian	30
Tony	26	Male	Gay	African American	1

Data Collection Methods

After individuals agreed to participate in the study, and all IRB study release forms were completed, a time and location for the interviews was established. The interviews occurred at a private location selected by the participant, such as his/her home. With participant permission, the interviews were audio recorded and transcribed at a later time.

All interviews were face to face, lasted approximately 1 to 2 hours, conducted by me, and followed the basic outline of the semi-structured interview schedule. The interview included questions about experiences regarding how individuals typically react to themselves (e.g., judgment, criticism, language, self-descriptions, “How do you

typically react to yourself?”), as well as questions focusing their typical reaction to life difficulties (e.g., treatment of self regarding challenges, suffering, self-care, and feelings, “How do you typically react to life difficulties?”). A fluid semistructured interview approach was used to ask the above questions; however, it should be noted that not every question was used in subsequent interviews.

Data Analysis and Interpretation Strategies

All interviews were digitally-recorded and transcribed verbatim. Transcripts were de-identified to protect the participant’s confidentiality. To analyze the data, the interviews were transcribed, read and reread, and initial categories were determined throughout each of the transcripts. All of the categories were collated and several themes were found to be a part of each of the participants’ narratives. Following this process with each interview, categories were organized into overall themes (Creswell, 2007). In order to provide for reliability and validity to the themes found in the study, I used multiple tools for qualitative rigor. Member checking was used with all participants to check the accuracy of the transcript, make any corrections, and as a platform for me to ask additional clarifying questions. Member checking happened three times during the process of data analysis. First, the participants were provided with a copy of the transcript and asked if it was correct. Next, the participants met with me to discuss the emerging themes found by me. Finally, the participants were shown a copy of the list of themes and were asked to provide feedback as to the validity of the findings. After these discussions between the participants and me, four themes were chosen for the final write up. Additionally, I used peer debriefing in addition to member checking to reduce some of the bias that can be found with only one person analyzing (Barusch, Gringeri, &

George, 2011). Finally, I used an audit trail to write down feelings and impressions that came up during the interviews; this was done to reduce the personal bias from myself, thus increasing the trustworthiness of the analysis (Morrow, 2005). Patterns were then identified. Data interpretation helped highlight the phenomena of self-compassion and the coming-out experiences of self-identified LGB participants. Finally, thick description was used through quotes illustrating thematic findings.

Limitations to Research Method

Several limitations to the study should be noted. First, interviews were conducted on individuals who were willing to talk about their coming-out process. Thus, in interviewing these persons, the narrative and the research were retrospective in nature. I was focused on hearing stories about the “initial” moment of coming-out from the participants. However, what I realized is that there are so many coming-out moments that future research needs to evaluate differing life-stage coming-out moments. Another factor that would have added a great deal of depth to this study would have been to interview more people at the beginning of their coming-out process. This study focused on the initial coming-out experience of the participants; therefore, future research could focus on other significant coming-out moments. Finally, this study did not address the specific intersectionalities of the participants. Therefore, future studies will need to address the roles of race/ethnicity, age, income, gender, sexual orientation, and the level to which the LGB person is out.

Reflexivity

In working on this research, I wanted and needed to be open and accountable to why I was doing this work with the population in the study. I have spent time in my clinical practice working with lesbians, gays, and bisexuals regarding their identity development and self-cohesion. I have found that the development of strong and empowering stories of transformation with bisexual, gay, and lesbians are, at times, treated as unimportant stories from specific religious/spiritual/political/social groups. I wanted to begin to bring out the narratives of LGB persons as they developed their identities using some of the skills of self-compassion. These are stories that are under-told and when they are told, can be misunderstood by heterosexism. One of the issues I had to keep in the forefront of the interviews was how the participants might perceive me as well as the power dynamic that can develop between a researcher (question askers) and the researched (answer provider). I began the interview talking about how I wanted to hear their story and that that was the extent of what I wanted from them. This admission helped create a more egalitarian space for the interviews to take place.

Findings

In the process of the narrative analysis, four themes stood out as important moments in the coming-out journey of the participants. Throughout the analysis of the transcripts, the goal was to extract meaning from the words of the participants. Therefore, the interviews were read and reread in order to glean the essence of the participant's words. However, this was difficult as Reissman (1993) stated, "we cannot give voice...as we deal with ambiguous representations of it—talk, text, interaction and

interpretation” (p. 68). Additionally, I reread the original transcripts in order to reduce misrepresentation or misunderstanding of the interviews.

The Narrative Journey: A Composite Narrative Analysis

Fear

The first theme discovered was “Fear.” All of the participants discussed some event, thought, or perception of a specific fear they had prior to and during their coming-out process. As the participants had greater distance from the initial coming-out moment, the fears became more specific to their individual situations.

Participants in the study stated specific fears regarding their coming-out process and the development of their sexual identity/orientation. The participants stated fears such as “Getting fired,” “Losing my family,” and “Separation from my religion, which I still love.” Participants also mentioned some of the fears associated with coming-out to others (“I just hate when people automatically assume that you’re a creeper or whatever because you are gay”), or in a few cases, not being sure if they wanted to come out due to the stigma surrounding a lesbian, gay, or bisexual orientation (“I did not want to be stereotyped as that quote unquote gay.” And “My biggest fear was being outed...and when that happened, I thought my life was over”).

Based on the above list, the fears ranged from being discovered as being gay or lesbian and by that discovery, losing something (family, religion) to which they felt close; to losing a job and feeling like others believed them to be perverse. In terms of self-compassion, I discovered that these fears were what held the participants back from feeling present and connected to their own lives (mindfulness), and feeling connected to

others (common humanity). Moreover, the participants discussed fears that seemed rooted in trying to maintain connection with their past lives and others. They did not want anything in their lives to change. It appears that the participant feared the potential harsh judgment expected from others. Their fear may be in feeling they were not capable of handling the reality of identifying as LGB. These fears also hindered the participants' development in coming-out and feeling connected to their coming-out process. The participants also discussed internalized fears regarding coming-out.

One of my fears is not becoming, I guess. It's the feeling of not having realized potential, whatever that means. (Skye)

I'm afraid of being alone. That scares me a lot. I have a personality that kind of tends to isolate me in a way. So it's just this weird thing like here I am trying to juggle I guess, so that makes me feel like the aspect of loneliness is almost more realistic for me. Like it's looming around the corner. But I don't think that's the case; it's just something I'm really afraid of. That feeling of isolation or loneliness. But yet also feeling like there's kind of an absence...that there's all these worlds that you could be in and are in but you're not really in. (Stephanie)

As the participants moved through their coming-out process, they experienced fear, which hindered their manner of expression in order to appear "normal." Finally, these fears took on the role of being other or different from the status quo they felt others and society placed on their lives. In addition to the specific fears regarding coming-out, the participants shared fears about claiming an LGB identity. By not utilizing self-compassion, the participants experienced negative feelings of isolation, judgment, and over-identification. The participants appeared to be fearful of connecting to others and were more isolated regarding their feelings and process about identifying as LGB. Additionally, participants appeared to be over-identifying as not being LGB. They seemed to be overly focused on being LGB and this was a disruptive feeling for them. Due to this disruptive feeling, they were averse to the label and identity of LGB.

Don't Say Gay [Lesbian or Bisexual]

The second theme that emerged from the fears of the participants was: “Don’t say gay [lesbian or bisexual].” The participants stated their fears surrounding taking on the identity of being lesbian, gay, or bisexual. Most of these fears took the form of a stereotype or stigma (a fear arising from a social mentality they internalized). The participants also spoke of the difficulty they had in actually saying that they identified their sexual orientation as LGB. It appeared that this fear came up during a time of questioning regarding their uncertainty of not knowing the “best” way to be a lesbian, gay, or bisexual person.

We were sitting watching a movie, and I remember sitting next to her, and she kinda like edged towards me and her shoulder kinda rubbed ... I remember taking a breath and thinking to myself, this conscious thought that I still remember, what would I do if she kissed me. I think I might kiss her. And I remember after I had that thought, I didn’t think anything else of it, but I knew that she was this hot girl...but I didn’t realize I was attracted to her...I knew it was different, but I wasn’t thinking, oh my gosh, I’m gonna end up with this girl. Like I just knew there was something different about it, but I didn’t know what. (Amanda)

One of the main things discovered in exploring the data from the standpoint of the participant learning about themselves was the initial disconnect of who they thought they were supposed to be and who they felt they were. The participants were not ready to take on the verbal aspect of labeling themselves as lesbian, gay, or bisexual. This is an example of how the participants were living out of the negative construct of over-identification. They seemed to be continually focused on being LGB so that they were not able to view being LGB as a positive life event. It appears that part of learning who they were was discovering who they were not. The participants realized that they were not like other people they knew. They understood that they felt different, like an

outsider. However, in feeling this, they also rejected a part of themselves that they believed was not what was best for them. The following quotes reveal how participants made an intentional decision to reject a significant part of their identity:

So, that's when like people would call other people fags, and it was really when I linked together the ideas of liking, being attracted to a boy makes you gay, makes you a fag, makes you be made fun of, makes you a target, so realizing that, it made me feel like, holy shit, I don't want to be a part of that target. I need to be other, and not only does it make you a target, it makes you evil cuz that's how I was raised...It felt very isolating because while I realized that there were those connectors, in myself, I didn't identify as gay. I felt like...It was isolating because I felt like I was the only one of whatever I was. I felt like it was, kind of, a phase, but analogous to a hetero person who dates the skank throughout growing up and then settles down with someone who you can bring home with mom...like it was just something I had to get through to get to the ultimate goal of marrying a woman. (Kyle)

The participants struggled with the experience of isolation and disconnection from others, as well as feeling disconnected from themselves. In terms of self-compassion, the participants were operating out of isolation. They were unwilling to share with others their struggle and confusion regarding coming-out as LGB persons. When looking at how they dealt with their feelings regarding saying that they were LGB, they brought up feelings of isolation and judgment. It appears that during this time, it was difficult for them to construct their narrative in a way that helped them express the direction their sexual identity/orientation was heading. Through this, they were not able to increase in self-compassion due to the judgment they felt toward themselves, and the perception of judgment they believed was coming from the broader society. Both of the quotes above illustrate the participant's feelings of loneliness and isolation. As they transitioned to an understanding of who they were, they began to understand that if they were different, their place and role in society was lessened and therefore the process of feeling

disconnected continued to grow. It appears that their stories were transitioning them away from that of mainstream society. This can also be seen as a positive stage in that they were becoming more curious as to what it may mean to identify as LGB. However, this curiosity had not yet transitioned the participants into a space where they felt they could say that they were LGB.

From the “Huh” to the “Okay”

Another theme discovered was a shift from “huh” to “okay,” as expressed by one of the participants. This theme illustrates how the participant became more comfortable with identifying as a sexual minority. Many of the participants stated that there was a “moment” when they came to see their coming-out and sexual orientation as something empowering in their lives.

And then it caused me to wake up and realize all the things that I’d already known but just hadn’t uh, grasped on to, and so, and even after then, when I realized that, at that moment, and so I guess that was my, my moment of, OK, I am ready for this. It’s like, what’s holding me back, and um, and everything just started happening and I was like yeah, K, and with like every new thing that happened, I was more and more OK with it. And now, as of pretty recently, I’m like proud of it. Like now I want that image to be of me as a lesbian who is a good strong person who is a good person, like every single gay person I know are amazing people, like, just incredible, and I wish that people saw that instead of the label.
(Sarah)

This process of the “huh” to the “okay” is about the change of thought and emotion regarding taking in the identity of being LGB. It is in this themed area where the participants could be seen incorporating some of the positive attributes of self-compassion. The participants appeared to be more secure in being present and connected to their own selves. They also seemed to be living in a more balanced awareness

between the negative and positive aspects of self-compassion. They were becoming more mindful and less over-identified; kinder and less critical; and more connected to their selves and others and less isolated. There seemed to be a security in who they were becoming. Feelings such as experiencing uniqueness and pride become descriptive words.

I feel good about it in the sense um, everyone likes to be unique.
So, I feel I'm carving my own path to this gaydom, if you will.
(laugh)...I like that idea of being unique and making my own path
rather than doing what I think I need to do because I'm gay. (Ben)

There also appeared to be a more direct connection to other people, especially others who identified as gay or lesbian. There was more of a desire to connect to others and to be able to feel that they were part of something bigger than themselves. This can be seen as a shift from the description of the time regarding learning about themselves when they felt isolated and disconnected. In addition, the participants' inner dialogue changed from that of fear to that of feeling empowered and productive. The negative thoughts that permeated their lives were changing into ones of strengths and growth. It is as if the negative thoughts they had of themselves at a previous time were morphing into the thoughts that now provided them with the courage for growth and strength.

In terms of self-compassion, social interaction, or common humanity, was the realization that the person was not alone in his or her experience. Being a part of a community provided people with an opportunity to try on new roles and see their lives from new perspectives in relative safety. Thus, being part of the common humanity provided people with a sense of belonging that may have decreased their feelings of being marginalized.

I think for a lot of us, when you do feel different, meaning like gay in a very heterosexual world, it's kind of nice to be able to find a community that accepts you for yourself where you can kind of let all your barriers down and kind of be yourself. (Jared)

Looking at these beginning stages of connection, one can see that self-compassionate living means not feeling separate or isolated. For most people in the coming-out process, this was a time of learning the social supports available to them and the possible connections they could make in the LGB community. Coming-out helped them become part of a community of support and acceptance, which helped increase self-compassion. As a person moved through their coming-out process, they began to understand that they were not alone in their experiences.

Living into It

Finally, the fourth theme was “Living into it”: This theme explored how the participants began to be more confident in their new role regarding their sexual orientation and how this role helped create a foundation for a new way of living and being in the world.

There was a time from when I came out till a little bit later, that I was not necessarily internally homophobic but I had very critical words for someone who was more flamboyant or obvious, but more so being critical of other people [than self], but a little bit of making choices so I don't seem like that kind of gay. (Greg)

Like for negatives, I saw the clubbing and party scene as negative. I saw um like, taking on really feminine characteristics, like calling your friends girl, that are males, those things were very negative and like who I wanted to be was pretty much a straight man who likes boys, who can openly date boys...Because...um, back then it was an important image because I wanted to blend. I wanted to be normal; I wanted to be not identifiable. (Tony)

All of the participants stated that their lives were continually in progress and changing. As the participants began to live into their new identity, they described a way of being in the world that felt authentic yet defied the stereotypes they believed would be dictating their lives. They were able to articulate how they were not living by the standards and expectations of both the heterosexual and homosexual social mentalities, and still felt that they would be okay.

It's kind of stayed the same, but I think the motivation has changed. Like I still, um, the choices I make now aren't in fear of being that quote unquote gay. The choices I make now are, um, my end goal is to be the best person I can be, so how are my choices going to lead up to that. That's how I make decisions now.
(Elizabeth)

The participants began to have a self-awareness of how they treated themselves before coming-out and were able to articulate the fears and self-doubt that appeared to dominate their thoughts from an early age. Additionally, the participants stated that they were striving to be seen as competent people of possibility.

As one became more apt to live into an LGB identity, self-compassion helped provide a powerful motivating force for growth and change. Self-compassion asks through living into it that individuals not avoid or repress their painful feelings that are a part of their coming-out process, so that they are able to acknowledge and feel compassion for their personal experience. This was seen during this time of living into it as the participants identity began to be balanced with all parts of their lives. This was conveyed by the participants as they came to a secure place regarding their sexual orientation.

Like if people ask the magic pill question, if there was a magic pill to change you would you take it, and I wouldn't because I am, have embraced everything about it, the, I don't know, I don't know how to

articulate that, but it's just, I guess my sexuality is important to me, but it's not, because it's not my master status, but it's important to me because sex and relationships are extremely human things, and that's all. I'm happy with mine, so I wouldn't change it. (Lisa)

Finally, the participants began to communicate how self-compassion helped them arrive at a place of comfort, emotional balance, self-kindness, and understanding that when they were compassionate to themselves, they were more able to be in connection and relationship with others.

Hmm self-compassion. I think that for me personally, that would be reaching a level of comfort, or not necessarily reaching that level of comfort, but helping myself get there. I think there's loving yourself and like I said, when I was super critical of everything to do with me when I started to break those things down and really love every part of me and everything that was going on in my life and accepting it. I think self-compassion is acceptance of yourself and who you are and things that you can't necessarily change. I think, yeah, just through that acceptance, it's reaching a level of comfort that you have in your life. I think mostly it's acceptance of who you are. (Jeff)

Conclusions and Implications

There were surprises in doing this study. I was surprised by the openness and honesty with which the participants spoke about their lives. The honesty of the participants helped show that these participants have worked hard to come-out and they have had to go through some intensive retrospection about their lives. The stories I heard contained many characteristics such as bravery, honesty, impulsiveness, drama, tragedy, and enlightenment. All of the participants in this study were able to move from negative self-compassionate feelings (isolation, judgment, over-identification) to a more positive way of living with self-compassion. Without fail, each of the participants stated that they had to come to some kind of emotional balance, learn how to be kind to their own selves, and how significant other people had been to them. They were living the essence of self-

compassion. With this information about the participants, I found it interesting that those who were actively living out self-compassion felt the need to incorporate it more in their lives.

The implications of this study are as varied as the people who participated. As the composite narrative suggests, coming-out is not a straightforward process. Yes, the coming-out process can be seen as an event in the lives of LGB persons; however, one needs to also take into account the multiple narratives (looking across the spectrum of being out) and intersectionalities (race/ethnicity, class, age, income, sexual orientation, gender, age) of the individuals who were involved in the process. The narratives suggested differing motivations and variations in the coming-out process for all persons processing an LGB identity. All of the narratives included in this study had positive outcomes where the participant felt empowered by their coming-out as LGB persons. Future research could qualitatively address narratives where the participant did not feel empowered by taking on an LGB identity, thus highlighting a counter narrative that may illuminate a different pathway of the coming-out process.

First, this study provides a foundation of information to grow the qualitative research regarding both self-compassion and the coming-out stories of gays and lesbians. This project has enabled marginalized and disenfranchised groups to be involved in a project that will help inform social workers and other mental health practitioners about the coming-out process and how self-compassion was experienced within their coming-out narrative. This study challenges social workers and other mental health practitioners to seek out more training on how to work with people in the coming-out process, as well as how they may enhance their use of self-compassion in clinical work.

Second, these stories are important in helping connect both heterosexuals and homosexuals in a spirit of acceptance to the transitions faced by the LGB community regarding the harmful negative societal attitudes that affect LGB persons, as well as ways in which social workers can help provide strength to persons feeling oppressed by these negative social attitudes. Third, this study can help build programs and change public policies to work toward the creation of programs in affirmation of ally-ship programs of heterosexuals who hear the stories of LGB persons. This can then facilitate support and work for the rights of their LGB human family. Finally, this research helps provide more in-depth knowledge for clinical practice with LGB persons and demonstrates a need for more LGB-friendly services, which include coming-out support groups, LGB advocacy in the public arena, and the presentation/highlighting of LGB specific information in public spaces (e.g., Public Service Announcements and Educational material).

In doing this research, it is my hope that there will be an understanding of client fears and how to bridge the gap between the “huh” and the “ok” in the lives of LGB clients. It is also my hope that this study will continue to dispel fears and mindfully connect people to themselves as well to other people in the world.

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CHAPTER 4

EXPLORING THE RELATIONSHIP BETWEEN SELF- COMPASSION AND COMING-OUT ON THE DEVELOPMENT OF A LESBIAN, GAY, AND BISEXUAL IDENTITY

Introduction

When homosexuality was removed in 1973 from the Diagnostic and Statistical Manual of Mental Disorders, *DSM-IV-TR* (4th ed., text revised, 2000) as a mental disorder, research regarding the identity development specific to lesbian, gay, and bisexual (LGB) persons has grown. Instead of seeing people with, or as, a disorder, mental health professionals began to understand the distress LGB persons experienced in relation to their sexual orientation and how this was influenced by a homophobic, heterosexist society (Mayfield, 2001). New terms such as internalized homophobia began to emerge within the research literature. Internalized homophobia or the negative internalization “of attitudes toward homosexuality that gay men and lesbians often initially adopt as a consequence of growing up in a heterosexist and antigay society” also began to see an increase in research attention (Mayfield, 2001, p. 148). Internalized homophobia was a “useful construct for conceptualizing issues of development, psychopathology, psychotherapy, and prevention with gay men and lesbians” (Mayfield, 2001, p. 150).

Connected to these issues are the prejudices in our culture both overt and covert of general homophobia and heterosexism. Homophobia is defined as “prejudice, discrimination, harassment, or acts of violence against sexual minorities evidenced in a deep-seated fear of hatred of those who love and sexually desire those of the same sex” (Sears & Williams, 1997, p. 66); and Heterosexism is defined as “a belief in the superiority of heterosexuals or heterosexuality evidenced in the exclusion, by omission or design, of non-heterosexual persons, in policies, procedures, events, or activities” (p. 66). Heterosexism perpetuated the belief that heterosexuality is the only normal and moral way of life, thus instilling the belief in the LGB person that his/her orientation was negative and unwanted. This internalized homophobia through these negative feelings via “fear of discovery, denial, or discomfort with being homosexual, low self-esteem, aggression against other homosexuals as well as exaggerated gay pride or rejection of all heterosexuals” (Sears & Williams, 1997, p. 15).

As the research progressed, and theorists began to see specific issues emerge for the LGB person, it appeared to be important to understand and conceptualize how a person moves through his/her identity development as a lesbian, gay man, or bisexual person. However, with heterosexuality as the norm; lesbian, gay, and bisexual individuals “have as their task the development of an identity that runs counter to the heterocentric culture in which they are socialized” (Morrow & Messinger, 2006, p. 85). This identity development process, however, is not a singular event but can run the course of a lifetime.

Self-Compassion and Identity

Self-compassion “is an open-hearted way of relating to the negative aspects of oneself and one’s experience that enable greater emotional resilience and psychological well-being” (Neff, 2004, p. 28). Being a more self-compassionate person may be a helpful tool for persons developing an LGB identity. Self-compassion can help a person move into a positive LGB identity by practicing the following: being kind toward oneself when she or he feels a sense of failure (self-kindness); being able to understand that her or his experiences are part of the larger human experience (common humanity); and, when she or he is able to hold their painful thoughts and feelings in balanced awareness (mindfulness). These acts of gentleness toward oneself are the expressions of self-compassion.

In her seminal article, “Self-Compassion: An Alternative Conceptualization of a Healthy Attitude Toward Oneself,” Kristen Neff (2003) discusses the expression of self-compassion as self-kindness, common humanity, and mindfulness. The first expression of self-compassion is self-kindness, or how one is understanding and kind toward oneself rather than being self-critical. The second expression of self-compassion is that we are all part of a common humanity, or how one comes to understand that all humans have negative experiences and that they are a normal part of the human condition; and it is through these experiences that people connect. The third expression of self-compassion is that of mindful acceptance of the where, what, who, and why of life, as well as to learn to be present in the good and the bad of life. For the person navigating an LGB identity, there appear to be many negative messages sent from multiple arenas, such as their personal selves, family, religion, politics, and society-at-large, that reinforce the negative

aspects of an LGB identity. Self-compassion can help offer nonjudgmental understanding to one's experience of navigating those negative attitudes, feelings of inadequacy, and suffering, so that one's experience is seen as part of the larger human experience (Neff, 2003). The purpose of self-compassion is to help the person move from feelings of isolation, over-identification, and self-judgment to feeling confident and strong in her or his process of identity development.

Sexual Orientation

Sexual orientation describes the way in which a person navigates differing patterns of romantic, sexual, and emotional attraction to other males, females, or a combination of both male and female (American Psychological Association [APA], 2008). The APA furthers the definition of sexual orientation by stating, "Sexual orientation is enduring and also refers to a person's sense of personal and social identity based on those attractions, behaviors expressing them, and membership in a community of others who share them" (APA, 2008). Sexual orientation is different from sexual preference, which could suggest a degree of voluntary choice (e.g., bisexuality) (Rosario, Schrimshaw, Hunter, & Braun, 2006), and gender identity, which can be understood in how one defines and conceptualizes themselves as a gendered person, usually seen in terms of male, female, or transgender (Garcia-Falgueras et al., 2010; Reiter, 1989). The focus of this study was on sexual orientation; issues regarding transgender persons will not be discussed. This delineation is made because LGB are terms that represent sexual orientation (e.g., heterosexuality, homosexuality, bisexuality, and asexuality), whereas transgender is not a sexual orientation but a gender/sexual identity (APA, 2008).

Defining Identity

Identity is defined as a way one thinks about one's self-image, individuality, and the aspects that make a person unique (Leary & Tangney, 2003). Leary and Tangney (2003) also state that identity is formed by how a person views him/herself as an individual as well as in relation to others. According to Erikson's (1959) psychosocial model of development, identity is developed through connections between the perception of the individual and the confirmation of others. Thus, the process of establishing an identity involves "integrating into a coherent whole one's past experiences, ongoing personal changes, and society's demands and expectations for one's future" (Sprinthall & Collins, 1984, p. 87). Therefore, an established identity is formed through a strong sense of internal and external unity, a sense of the self having continuity, and the capacity for the individual to use self-reflection, and awareness of the self (Cote & Levin, 2002; Leary & Tangney, 2003).

A well-developed identity provides a cohesive sense of a person's strengths, weaknesses, and individual uniqueness. When the identity is not well developed, the person is not aware of or able to articulate a sense of self, strengths, weaknesses, or their own unique characteristics (Cote & Levin, 2002; Leary & Tangney, 2003). Moreover, specifically regarding LGB persons and identity development, Rosario, Schrimshaw, Hunter, and Braun (2006) stated the following,

The development of a lesbian, gay, or bisexual (LGB) sexual identity is a complex and often-difficult process. Unlike members of other minority groups, (e.g., ethnic and racial minorities), most LGB individuals are not raised in a community of similar others from whom they learn about their identity and who reinforce and support that identity. Rather, LGB individuals are often raised in communities that are either ignorant of or openly hostile toward homosexuality. (p. 46)

As LGB persons come to understand their identity, depending on how one reacts to specific life factors, the process may be smooth and easy; at other times, the process may be more difficult. Some of the factors that can influence how one reacts include: religion, spirituality, internalized and external homophobia, depression, anxiety, culture, race, social mentalities, personal and family expectations, issues of discrimination and oppression, and social stigma. Interestingly, the majority of these factors can have both a positive and/or negative effect on the development of the LGB person. Nonetheless, in processing any of these identity paths, an LGB person will go through periods of crisis.

LGB Identity Development

Identity derives from one's self as well as through interactions with others. For the LGB person, identity development takes on a different dimension from that of traditional hetero-normative identity development (Worthington, Savoy, Dillon, & Vernaglia, 2002). Identity formation is the process by which one becomes aware of one's burgeoning sexual orientation, questioning whether one may be LGB, and exploring that LGB identity by becoming involved in LGB social and/or sexual activities. This process is typically known as coming-out (Cass, 1979; Chapman & Brannock, 1987; Morris, 1997; Troiden, 1989). The goal for the LGB person is to experience a cohesive self as they move forward in coming to terms with who he/she is and his/her relationship to the world. A number of theorists have designed developmental models for understanding LGB identity development. Some theorists have developed identity development stages based on research with gay men (Cass, 1979; Milton & MacDonald, 1982; Troiden, 1989), lesbians (Chapman & Brannock, 1987; Gramick, 1984; Ponce, 1978), and bisexuals (Bleiberg, Fertmann, Friedman, & Godino, 2005; Brown, 2002). Each

developmental model is unique; however, there are a few overarching themes that can be distilled regarding the LGB identity development process. These themes are resistance, awareness of being different, questioning/exploration of feelings, acceptance of being different, and integration of an LGB identity (Rosario, Hunter, Maguen, Gwadz, & Smith, 2001; Yarhouse, 2001). Holistically, these models identify an identity formation process as individuals moved forward toward an integration and sense of congruence regarding their sexual orientation, behavior, and identity. Rosario et al. (2006) discussed the importance of identity integration:

Identity integration is evident by the individual coming to accept a GLB identity, resolving internalized homophobia by transforming negative attitudes into positive attitudes, feeling comfortable with the idea that others may know about the unfolding identity, and disclosing that identity to others. Identity formation and integration are involved in a reciprocal process. They share common components, such as gay-related social activities, that serve as both a facilitator and outcome of identity development over time. (p. 47)

Additionally, theorists such as D’Augelli (1994) and Rust (2003) began to move beyond a stage model theory to a process, nonlinear, model. Rust (2003) explained that “although models are developed to describe psychological and social phenomena, when they are used in efforts to predict or facilitate the processes they describe, they become *prescriptive*” (p. 239). One of the strongest critiques of the linear models of development is that they tend to identify what is “normal,” with the final stage being the end goal of development. Therefore, reaching the final stage means one has arrived at a fully developed identity.

When addressing LGB identity development through the lens of self-compassion, there appear to be clear commonalities in both the process of self-compassion and identity development. According to Christopher Germer (2009), the process of “turning

toward discomfort” (p. 27) is a significant process in developing self-compassion. We can also infer that one turns toward discomfort when one begins the journey of developing an LGB identity. The first process begins as resistance of the discomfort where one typically avoids the issue. The next process is that of being aware of the discomfort and turning toward it with some interest, or in LGB terms, the awareness of being different. Thirdly, one begins to have tolerance to safely endure the discomfort, or in LGB terms, they begin their exploration process. As the process continues, self-compassion allows the discomfort to be a part of their life, by letting the feelings about the discomfort come and go, just as the LGB person begins to accept their difference from the heterosexist norm. Finally, self-compassion embraces and makes friends with the discomfort and begins to see the hidden value of what happened in life. This is akin to the final process of LGB development where there is an integration of the LGB identity with the whole of the person’s life. Therefore, this study aimed to answer the research question of what is the relationship between self-compassion and the development of an LGB identity.

Theoretical Framework: Identity Empowerment Theory

C. Margaret Hall’s (1996) Identity Empowerment Theory (IET) established a framework for linking one’s personal, community, and societal patterns of behavior, trends, and influences (Hall, 1996). Identity empowerment theory posits that identity is an “experiential or perceived bond or bridge between the self and different levels of social organization,” (p. 218) including micro, mezzo, and macro systems, which has its foundation grounded on the “concepts which represent selected major interactive social influences” (Hall, 1996, p. 169). In sum, an identity is formed when the individual

develops and assumes the norms, ideals, values, and practices of the dominant culture. Thus, when LGB individuals develop in their identity, they will begin to see the connections and disconnections between differing social influences and how the connections and disconnections between the self and the external social influences impact their lives. For example, as an LGB person begins to explore their LGB identity, it will be apart from what is expected and normed. So, during this time of development for the LGB person, they must begin to stand apart from the normed system and find alternative ways of knowing themselves.

IET consists of a series of 10 interrelated concepts that describe important social processes and social structures within and between an individual and a group. These concepts are self, dyad, triad, family, religion, definition of the situation, reference group, class, culture, and society (Hall, 1996). These concepts collectively represent the spheres of influence and interaction on a person's development of an empowered identity, or when one does not have positive development, the process can be disempowering. One of the goals of understanding the complexity and interrelatedness of these 10 concepts is to show that identity empowerment is meant to "free" individuals to be who they really are, rather than remaining in a state of meeting the expectations of others and society (Hall, 1996). In the case of an LGB person, this freedom is to identify as an LGB person.

IET is based on the premise that there needs to be a negotiation of values between both the dominant groups and individuals with other nondominant groups and individuals. This negotiation is an expression of how the nondominant group begins to create a safe place to thrive within the context of the dominant culture. Self-compassion also plays a role during this time by helping balance the emotional turmoil of this

transitional time - to thwart the negative attitudes of judgment that can come from the dominant culture, and to show that community and connection to others is of utmost importance. Additionally this process of negotiation will “either express or repress individual and social integrity” (Hall, 1996, p. 32). Hall (1996) states that as individuals become more authentic in their expression of who they are, by “opting” to express their most important values, the person’s actions become more purposeful and meaningful, both to themselves as well as to others.

Method

Procedure

The Institutional Review Board at the University of Utah approved all study procedures such as e-mail announcements, web-site postings, and flyer advertisements for the study. The study population consisted of self-identified lesbian women, gay men, and male and female bisexual persons. All persons were adults over the age of 18. Study participants were recruited through social networking websites, community-based support groups, local pride centers, and direct e-mail list serves. The purpose of using these outlets was to attempt to have as diverse a participant population as possible. Therefore, because the LGB population can be difficult to sample due to various stigma-related issues, both snowball sampling and purposive sampling were used to gain an appropriate *n*-size. Additionally, a cross-sectional design was used for data collection. Cross-sectional designs provided the researcher with a particular point-in-time picture of the participants’ experiences with the study variables. A cross-sectional research design was chosen for these studies because the nature of the study is descriptive and exploratory (Rubin, 2008; Rubin & Babbie, 2009). The strengths of using a cross-

sectional design were that the one-time survey can collect data on many variables, retrieve data from a large number of participants, aim to gather data on a variety of participants, and gather data on the behaviors and attitudes of the participants. Additionally, it was noted that cross-sectional designs are limited in making causal inferences. Additionally, the survey is only a snapshot of what the participants feel and think at that singular point in time. The participants specific life situations may provide differing results if another time-frame had been chosen.

Data were collected mainly through an online survey (Survey Monkey). The data were collected via the internet due to the researcher's ability to gather information from a more diverse population base (Best & Kruger, 2004; Hewson, Yule, Laurent, & Vogel, 2003; Smith & Gray, 2009). Research (Highleyman, Longmire, & Steinbauer, 2002) has shown that populations that experience social stigmatization, such as lesbian, gay, and bisexual persons develop internet groups to create virtual communities allowing for safer networking, communication, and affiliation.

Participants

Of the available sample of 243 LGB participants that began the survey, 28 were eliminated due to not defining a sexual orientation and/or not completing the survey in total, resulting in a final participant sample size of 215 (Table 4.1).

Table 4.1: Description of Quantitative Sample

Demographic		N (%)
Age	<i>Mean: 33.8 Range: 18-71</i>	215(100%)
Gender	<i>Male</i>	107(49.8%)
	<i>Female</i>	96(44.7%)
	<i>Transgender</i>	4(1.9%)
	<i>Other</i>	8(3.7%)
Ethnicity	<i>African American</i>	3(1.4%)
	<i>Caucasian</i>	186(86.5%)
	<i>Latino/Hispanic</i>	12(5.6%)
	<i>Multiracial</i>	7(3.3%)
	<i>Other</i>	6(3%)
Participant's Relationship Status	<i>Single</i>	63(29.3%)
	<i>Married</i>	23(10.7%)
	<i>In a committed relationship</i>	30(14.0%)
	<i>Partnered/Cohabiting</i>	77(35.8%)
	<i>Divorced</i>	17(7.9%)
	<i>Widowed</i>	2(1%)
	<i>Separated</i>	2(1%)
Income	<i>Less than \$10K</i>	22(10.2%)
	<i>10-19,999K</i>	13(6.0%)
	<i>20-29,999K</i>	21(9.8%)
	<i>30-39,999K</i>	24(11.2%)
	<i>40-49,999K</i>	26(12.1%)
	<i>50-59,999K</i>	26(12.1%)
	<i>60-69,999K</i>	24(11.2%)
	<i>70-79,999K</i>	16(7.4%)
	<i>80-89,999K</i>	10(4.7%)
	<i>90-99,999K</i>	11(5.1%)
	<i>100-149,999K</i>	13(6.05%)
	<i>150,000+</i>	10(4.6%)
Education	<i>High School or GED</i>	4(1.9%)
	<i>Some College</i>	29(13.5%)
	<i>Associates Degree</i>	10(4.7%)
	<i>Bachelors Degree</i>	55(25.6%)
	<i>Masters Degree</i>	68(38%)
	<i>PhD Degree</i>	37(17.2%)
	<i>Professional Degree</i>	12(5.6%)

Table 4.1 Continued

Sexual Orientation	<i>Questioning/Not Sure</i>	2(1%)
	<i>Bisexual</i>	26(12.1%)
	<i>Gay</i>	104(48.4%)
	<i>Lesbian</i>	68(31.6%)
	<i>Other</i>	15(7.0%)
Level of being Out	<i>Not out at all</i>	2(1%)
	<i>Out to some friends</i>	12(5.6%)
	<i>Out to some friends and family</i>	10(4.7%)
	<i>Out to most friends</i>	5(2.3%)
	<i>Out to most friends and family</i>	46(21.4%)
	<i>Totally Out</i>	140(65.1%)

Measures

The Self-Compassion Scale (SCS) (Neff, 2003a; Neff, 2003b; Neff, Kirkpatrick, et al., 2007) is a 24-item, 5-point Likert measure, where a higher score equated to higher self-compassion and looked at how a person showed loving-kindness to one's self through the six dimensions of self-compassion. The six dimensions of self-compassion were: mindfulness, over-identification, self-kindness, self-judgment, common humanity, and isolation. The three "positive" dimensions of mindfulness, self-kindness, and common humanity were combined with the "negative" dimensions (which were reversed coded (R) then added to the subscale) to create three larger subscales. The mindfulness subscale ($\alpha=.834$) was a combination of mindfulness ("When something painful happens I try to take a balance view of the situation") and over-identification (R) ("When I am feeling down I tend to obsess and fixate on everything that is wrong"). The self-kindness subscale ($\alpha=.901$) was a combination of self-kindness ("I try to be understanding and patient toward aspects of my personality I don't like") and self-judgment (R) ("I am disapproving and judgmental about my own flaws and inadequacies"). Finally, the common humanity subscale ($\alpha=.843$) was a combination of common humanity ("I try to see my failings as part of the human condition") and isolation (R) ("When I think about my inadequacies it tends to make me feel more separate and cut off from the rest of the world"). The Cronbach's coefficient alpha from this study of .945 suggested an excellent internal consistency.

The Lesbian, Gay, and Bisexual Identity Scale (LGBIS) (Mohr & Fassinger) is a 27-item, 7-point Likert scale, where a lower score equates to higher acceptance of an LGB identity measure that looked at the development of an LGB identity. The scale was

designed to assess six aspects of lesbian, gay, and bisexual (LGB) identity. The LGBIS was a slightly reworded version of the Lesbian and Gay Identity Scale (LGIS) (Mohr & Fassinger, 2000). The six aspects of the LGBIS were internalized homonegativity/binegativity ($\alpha=.776$, “I would be straight if I could”); need for privacy ($\alpha=.733$, “I prefer to keep my same-sex romantic relationships rather private”); need for acceptance ($\alpha=.785$, “I often wonder whether others judge me for my sexual orientation”); identity confusion ($\alpha=.833$, “I am not totally sure what my sexual orientation is”); difficult process ($\alpha=.790$, “Coming-out to my friends and family has been a very lengthy process”); and superiority ($\alpha=.445$, “I look down on heterosexuals”). The Cronbach’s coefficient alpha of .879 in this study suggested a good internal consistency (Table 4.2).

Analysis Strategy

The participants were asked to complete the Lesbian, Gay, and Bisexual Identity Scale (LGBIS) and the Self-Compassion Scale (SCS). The analyses were conducted only by those participants (215) who answered all of the items on both scales. First, three separate bivariate correlations were conducted to examine the relationships between the LGBIS scale and subscale with the scale and subscales of the SCS. The second correlation was conducted to examine the relationships between the scale and subscales of the LGBIS and 10 demographic variables (race/ethnicity, gender/sex, relationship status, age, education, income, religious group, religious/spiritual practices, sexual orientation, and one’s level of being out).

Table 4.2: Scale/Subscale Measure: Cronbach Alpha Coefficient

Scale/Subscale	Cronbach's Alpha Coefficient
Self-Compassion (SC)	.945
Mindfulness Subscale (mindfulness + over-identification)	.834
Self-Kindness Subscale (self-kindness + self-judgment)	.901
Common Humanity Subscale (common humanity + isolation)	.843
Lesbian, Gay, and Bisexual Identity Scale (LGBIS)	.879
Internalized Homonegativity LGBIS Subscale	.776
Need for Privacy LGBIS Subscale	.733
Need for Acceptance LGBIS Subscale	.785
Identity Confusion LGBIS Subscale	.833
Difficult Process LGBIS Subscale	.790
Superiority LGBIS Subscale	.445
The closer Cronbach's alpha coefficient is to 1.0 the greater the internal consistency of the scale items. Rubric: “_ > .9 – Excellent, _ > .8 – Good, _ > .7 – Acceptable, _ > .6 – Questionable, _ > .5 – Poor, and _ < .5 – Unacceptable”	

A third and final correlation was conducted to examine the relationship between the scale and subscale of the SCS and 10 demographic variables. The second part of the analysis strategy was to perform a multivariate structural equation model on the scale and subscales of the LGBIS and the SCS. The subscales of each of the scales were used as the independent variable, which constructed the latent variables of self-compassion and negative LGB identity. The purpose of using structural equation modeling in this study was to show, while accounting for least amount of error, the variance the latent variable of self-compassion had on the negative LGB identity variable. In the third wave of statistical analysis, a four-step hierarchical regression analysis was used to determine whether demographic factors related to LGBIS (negative LGB identity) significantly contributed to the variance in negative LGB identity. Finally, due to the results of the hierarchical regression, an independent *t*-test was performed to assess the relationship

between a participants' level of being out (a dichotomous variable of totally out and not totally out) and the scales and subscales of LGBIS and SCS.

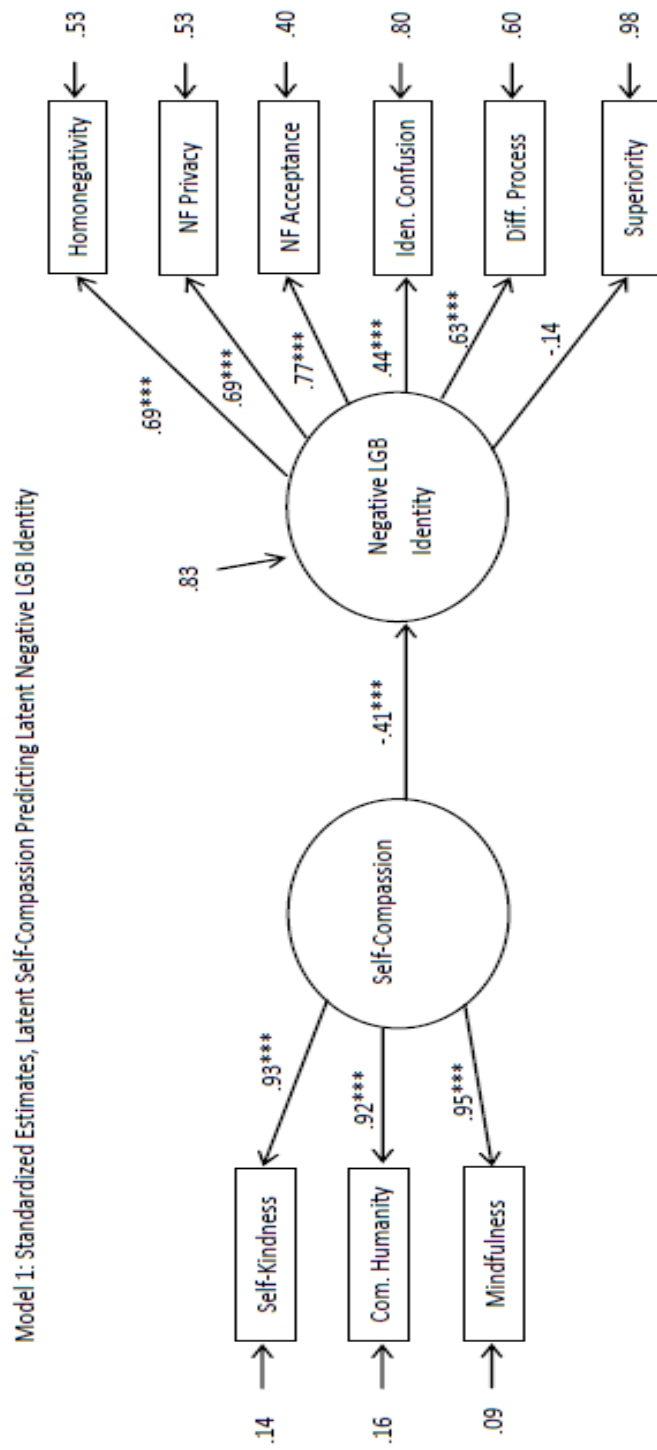
Results

Structural Equation Model

The hypothesized SEM model (Figure 4.1) was evaluated using AMOS 18 (Arbuckle, 2009) using the chi-square test, the root mean square error of approximation (RMSEA), and the Standardized RMR. The chi square test was significant ($\chi^2(27)=72.5$, $p<.001$), the RMSEA (.089) and the RMR (.062) for the model were just outside of what is considered a good model fit; the RMSEA was just above .08 (below .08 is considered acceptable fit); and the Standardized RMR was .06 (which is just outside of acceptable). All the path coefficients (with the exceptions of Superiority) demonstrated statistical significance ($p<.05$). The latent construct of self-compassion, in contrast, was an excellent model of the three compassion subscales. It predicted more than 85% of the variance in each of the subscales. The latent variable self-compassion predicted negative identity significantly ($\beta=-.41$, $p<.001$). In other words, for every one standard deviation increase in self-compassion, negative LGB identity decreases by .41 standard deviations. Therefore, the latent variable of self-compassion explained 17% of the variance in the negative LGB identity variable.

Hierarchical Regression of Demographic Factors

Hierarchical multiple regression (Table 4.3) was used to assess the ability of one's level of being out to predict levels of LGB identity (LGBIS), after controlling for the influence of the 10 demographic factors of (sex/gender, income, age, education,



$\chi^2(27)=72.5, p<.001$; RMSEA=.089; Standardized RMR=.062

Note: For parameter estimates, * $p<.05$, ** $p<.01$, *** $p<.001$; Error estimates represented as $1-R^2$

Figure 4.1 Structural Equation Model

Table 4.3: Four Step Hierarchical Regression on Demographics and LGBIS.

Predictor	β Step 1	β Step 2	B Step 3	β Step 4
Age	-.008	-.019	-.029	.016
Education	.046	.023	.023	.034
Income	-.223*	-.241*	-.237*	-.126
Race	.105	.079	.083	.070
Relationship Status	.015	.003	.023	.021
Sex/Gender	-.056	-.047	-.054	.062
Religious Group		-.155*	-.133	-.077
Religious Practice		.082	.090	.039
Sexual Orientation			-.174*	.011
One's level of being out				-.610***
	$R^2 = .065$ Adj $R^2 = .038$ $F(6, 206) =$ 2.392, $p < .05$	$R^2 = .102$ Adj $R^2 = .067$ $F(8, 204) =$ 2.892, $p < .05$	$R^2 = .131$ Adj $R^2 = .093$ $F(9, 203) =$ 3.412, $p < .001$	$R^2 = .431$ Adj $R^2 = .403$ $F(10, 202) =$ 15.327, $p < .001$

* $p < .05$, ** $p < .01$, *** $p < .001$

relationship status, race/ethnicity, religious group, religious practice, sexual orientation, and one's level of being out). Preliminary analyses were conducted to ensure no violation of the assumptions of normality, linearity, multicollinearity, and homoscedasticity.

Six demographic variables of sex/gender, income, age, education, relationship status, and race/ethnicity were entered at Step 1, explaining 3.8% of the variance in negative LGB identity [$F(6, 206) = 2.392, p < .05$]. Within this block of variables, income was the only significant variable ($p < .05$). At Step 2, religious group and religious/spiritual practice were entered creating an R-squared change of 3.7%, with Step 1 and Step 2 explaining 6.7% of the variance in negative LGB identity [$F(8, 204) = 2.892, p < .05$]. Two variables, income ($p < .05$) and religious group ($p < .05$), emerged as being significant to the model. Sexual orientation was entered in Step 3, creating an R-squared change of 3.0%.

At the end of Step 3, 9.3% of the variance in negative LGB identity was explained [$F(9, 203) = 3.412, p < .001$]. In this block of variable, there were two that emerged as significant: income ($p < .05$) and sexual orientation ($p < .05$). Finally in Step 4, the variable regarding the level of one's being out was entered, which created a 30% R-squared change, now explaining 40.3% of the total variance in negative LGB identity [$F(10, 202) = 15.327, p < .001$]. In this final block of variables, only one's level of being out was shown to be significant ($p < .001$).

Independent Samples *t*-test

An independent-samples *t*-test (Table 4.4) was conducted to compare the LGBIS and the Self-Compassion Scale scores for those who either identified as totally out or not

Table 4.4: Scale and Subscales Means of LGBIS and Self-Compassion Scale on Totally Out and Those Not

Scale	One's level of being out		<i>t</i>	<i>df</i>
	Totally Out (<i>N</i> =140)	Not Totally Out (<i>N</i> =75)		
LGBIS Total	2.50(.57)	3.45(.81)	-9.935***	213
LGBIS Internalized Homonegativity	1.69(.79)	2.47(1.25)	-5.540***	213
LGBIS Need for Privacy	3.46(1.01)	4.99(1.02)	-10.522***	213
LGBIS Need for Acceptance	2.46(1.01)	3.38(1.29)	-5.815***	213
LGBIS Identity Confusion	1.43(.74)	2.09(1.32)	-4.667***	213
LGBIS Difficult Process	3.14(1.31)	4.26(1.35)	-5.931***	213
LGBIS Superiority	2.34(1.17)	2.11(1.04)	1.382	213
Self-Compassion Total	3.40(.77)	3.14(.73)	2.461*	213
Self-Compassion: Mindfulness	3.50(.78)	3.32(.70)	1.676	213
Self-Compassion: Self- Kindness	3.24(.87)	2.97(.83)	2.189*	213
Table 4.4 Continued				
Self-Compassion: Common Humanity	3.51(.80)	3.16(.85)	2.954**	213

* $p < .05$, ** $p < .01$, *** $p < .001$

totally out. There was a significant difference in scores for those who were out ($M=2.50$, $SD=.57$) and those who were not out ($M=3.45$, $SD=.81$), $t(213) = -9.94$, $p < .001$ on the LGBIS. All of the LGBIS subscales were found to be significant at the $p < .001$ level. Interestingly, only the total self-compassion score ($p < .05$) and the subscale of common humanity ($p < .001$) was found to be significant.

Discussion

This study revealed that self-compassion does have a positive impact on gay, lesbian, and bisexual identity development. Consistent with research regarding the role of self-compassion on positive psychological functioning (Neff, Kirkpatrick, & Rude, 2007), this study confirmed the significance of self-compassion on LGB identity development. The findings also supported that the higher one's self-compassion, the lower the negative LGB identity development.

The results of the hierarchical regression revealed that income and religious group were found to be significant prior to adding one's level of being out to the regression formula. Income may have been significant during the first three steps in that by having a higher income, one may be better able to take care of basic needs, allowing for space to wrestle with more existential issues such as one's sexual orientation. Previous research (Diener, 1984; Diener, Sandvik, Seidlitz, & Diener, 1992; Easterlin, 1974; Veenhoven, 1988, 1991) suggested that income helps individuals meet certain universal needs, resulting in increased well-being and overall life satisfaction. Regarding the religious group, this may have been significant in that as people have gone through transitions such as leaving home and emerging into adulthood, religious identity has been found to be important, especially when one has been raised in a religious setting. Studies (Barry &

Nelson, 2005; Barry, Nelson, Davarya, & Urry, 2010; Lee, 2002; Uecker, Regnerus, & Vaaler, 2007) have found that even though 14% of college aged students report a decrease in religious group beliefs, 48% stated stable religious group beliefs, and 38% reported a growth in religious group beliefs. Future research would we well served to explore the role of religious group identity with LGB persons.

This study also suggested that in addition to the total self-compassion scale being significant in decreasing negative LGB identity, common humanity, or connection to others, was the only variable of the three subscales of self-compassion significantly important in the development of an LGB identity. This finding of the significance of being out (publicly open about one's sexual orientation) suggested that when one is out, one has stronger relationships. However, the finding could be seen in the inverse whereas one builds stronger relationships, there is more empowerment to come-out and identify as an LGB person.

Interestingly, both self-compassion and one's level of being out appear to have a positive impact on an LGB person's identity development. Self-compassion has been shown to be negatively correlated to anxiety (Neff, 2003; Neff et al., 2005; Neff et al., 2007; Raes, 2010) and depression (Mills et al., 2007; Neff, 2003a; Neff et al., 2007; Neff et al., 2008; Ying, 2009). Neff and Vonk (2009) suggested that self-compassion was positively correlated with happiness, optimism, and positive affect. Additionally, self-compassion has been shown to be associated with a positive sense of well-being (Neely, Schallert, Mohammed, Roberts, & Chen, 2009). The relationship between well-being and self-compassion is important. Well-being, as defined by Neely and her colleagues (2009), is having a strong sense of life purpose, self-mastery, and high life satisfaction.

Overall, research on self-compassion helps show the many variables that could be hypothesized to contribute to a positive sense of identity development.

Regarding one's level of being out, Cass (1979), helped provide a framework of understanding the importance of one's level of being out through her model of one's level of being out/identity statuses. It must be noted that Cass (1979) normed her research mainly on gay men; nevertheless, the model can be important in understanding the role of coming-out with LGB identity development. Cass (1979) suggests that if one has a strong sense of negative identity and being closeted, that person will score high on the LGBIS (meaning lower identification as a lesbian, gay, or bisexual person). However, the more a person has a stronger sense of positive identity and is more out, the lower the person will score on the LGBIS (meaning higher identification as a lesbian, gay, or bisexual person). This theoretical model was also shown to be true in this study.

Limitations

Although the findings of the study add to the depth and scope of research regarding LGB persons and self-compassion, the study has several limitations. The sample, though of ample size, was not totally representative of the LGB population. The sample was predominantly White and educated. One of the reasons for this was that the data collection was cross-sectional through an online-based survey where the participants were recruited through social media outlets, list serves, and websites specific to LGB persons. Thus, it would be prudent to use caution in generalizing the findings to the LGB population at large. Additionally, the study did not include many LGB persons of color and those who do not have access to a computer or internet.

Furthermore, more research is needed to confirm the findings linking higher self-compassion to that of decreasing negative LGB identity development. Though the measure had high internal consistency and scored high in reliability, more evidence studying the relationship between self-compassion and LGB identity is needed. Additionally, in the context of this study, the construct focused on the participants' level of being out was developed by myself; therefore, future research would be well served to use a validated measure such as the One's Level of Being Out Inventory (Mohr & Fassinger, 2000), which is an 11-item measure designed to examine the degree to which one's sexual orientation is known by and openly discussed with people in different spheres of their lives.

This study measured very specific constructs of self-compassion and LGB identity development, and in doing that, knowingly did not look at other constructs that would be of interest for future research. For example, future research could focus on specific mediating and moderating variable such as satisfaction with life, perceived discrimination, and other identity scales/measures. Future research could compare self-compassion and identity development scores between heterosexuals and homosexuals and gays and lesbians. Additionally, future research could also focus on specific groups such as persons of color and older adults.

Implications for Social Work Practice

This study supports the need for social workers and other mental health professionals to increase their attention to working with LGB clients. This attention increase needs to be in understanding the role of heterosexism and identity development. Coming-out and claiming an LGB identity comes with many risks (rejection, loss,

violence) and personal issues (internalized homonegativity, need for privacy, need for acceptance, religious/spiritual); therefore, many LGB persons may choose not to come out and identify as lesbian, gay, or bisexual. Of the 215 LGB persons in this study, 75 (35%) stated that they were not totally out (this continuum was between “no one knows I am LGB” to “I have told almost everyone”). As one works clinically with an LGB person, there must be an understanding that all persons are on their personal journey of self-awareness and development regarding one’s sexuality. Therefore, social workers and other mental health professionals need to be sensitive to the personal stage of their client and how that client is choosing to navigate her or his coming-out and identity development process. This study showed that the more an LGB person feels a sense of negative LGB identity, the more closed off he/she may be about his/her sexuality. Thus, as one begins to practice and live out the concepts of self-compassion, these factors may decrease and persons may feel more inclined to claim her or his LGB identity. This was seen mostly through the concept of common humanity. As social connections increase, there can be a sense of validation with others in the LGB community. These connections can help increase one’s sense of belonging and therefore empower identity as an LGB person.

In conclusion, the findings from the study highlight the complexity involved in understanding the process one takes to identify as an LGB person. The way in which one practices self-compassion and whether one is out or not out both contribute to the way in which one comes to terms with her/his LGB identity. As one seeks to be empowered in every aspect of life, both self-compassion and one’s level of being out play unique roles in explaining how this process occurs. More research, empathy, and advocacy need to be

made to have a better understanding of how these and other factors impact LGB identity development, including the coming-out process. The end goal in understanding these processes is made with the hope of creating systems of acceptance, empowerment, and loving kindness.

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CHAPTER 5

CONCLUSION

Organization and MAP Connections

The purpose of this dissertation was to explore the ways in which self-compassion can be used in working with lesbian, gay, and bisexual persons in their coming-out process and identity development. The focus of the research was to provide a conceptualization of what self-compassion is, how it is cultivated, and ultimately how it can be applied to an LGB population. This dissertation was presented in three distinct study manuscripts. The three manuscripts together provide an account for employing the concept of self-compassion in social work practice.

The first study was designed to provide social work professionals a way in which to conceptualize and then cultivate self-compassion in clinical practice. This article was borne out of past research and teaching self-compassion along with questions I received about how to define self-compassion and incorporate it into practice. Self-compassion is a construct involving three major components: self-kindness, common humanity, and mindfulness, which promote emotional balance, kindness to self and others, and building a community rooted in compassion. Beginning with background information about the relationship of compassion, the Golden Rule, and the Ethic of Reciprocity to self-compassion, the article discussed the foundational components of self-compassion, the importance of self-compassion in relationship to mental health, and ways in which to

cultivate self-compassion. Finally, conclusions about the role of self-compassion in social work practice were addressed.

The second study explored, through a composite narrative, the experience of coming-out for the LGB participants. This study described the coming-out experience of the participants with special attention given to their use of self-compassion. Using in-depth interviews with 16 lesbian, gay, and bisexual individuals, this qualitative study explored how they processed their personal coming-out narratives through the lenses of self-compassion and Schlossberg's Transitional Theory. The results, written in the form of a composite narrative, highlight four themes: (1) fear, (2) "don't say I am gay" [lesbian/bisexual], (3) from the "huh" to the "okay," and (4) "living into it." The composite narrative helped illustrate the difficulty the participants had during their coming-out processes, as participants felt uncertain of claiming a nonheterosexual orientation. This study suggested that self-compassion helped to provide the emotional safety needed during this transition to see the self without fear or self-condemnation, allowing the individual in the coming-out process to move to more empowering patterns of thoughts, feelings, and behaviors. Implications for research and practice were addressed.

The third study explored the relationships between self-compassion and out-ness in 215 LGB adults, ages 18-70, in the United States. Participants were recruited through multiple methods. Data were gathered on demographics, the Self-Compassion Scale, and the Lesbian, Gay, and Bisexual Identity Scale. Multivariate analyses demonstrated that both out-ness and self-compassion have a positive impact on LGB identity development, with self-compassion explaining 17% of the total variance and out-ness explaining 30%

of the total variance in LGB identity scale scores. The results suggested that social work professionals need to be sensitive to LGB-specific identity development issues such as coming-out/out-ness. The results also suggested that social supports and connections are important for empowered LGB identity development.

Self-Compassion

Learning to be self-compassionate is difficult. To become more self-compassionate, one needs to accept faults, failings, and discomforts. This way of being seems paradoxical as practicing self-compassion is designed to make life better. Interestingly, when one recognizes negative feelings, understands failings, and is emotionally holding discomfort, then self-compassion occurs. Self-compassion is about being able to “sit comfortably in the midst of our own uncomfortable emotions, letting them take their course as we soothe and comfort ourselves” (Germer, 2009, pp. 221-222). Self-compassion is the practice of attending to our own selves with kindness, balance, and connection no matter what the situation.

Self-compassion asks an essential question: “Am I meeting more and more of my life experiences with kindness and understanding?” People want to feel better. People want life to be more simple and beautiful. Participants throughout the research process demonstrated differing stages of being self-compassionate. The narratives heard and read during the research ranged from stories seemingly without hope, stories of business and stress, stories of brokenness, stories of learning, to stories of hope and empowerment.

Implications

Practice Implications

Practitioners who have experiences working with LGB persons understand the importance of, and demand for, programs to help LGB clients through times of transition. Taken as a whole, the results of this dissertation indicated that higher self-compassion helped decrease negative LGB identity development. Therefore, the more self-compassion one has, the more connection one may have to their LGB identity. This was found to be true in studies two and three.

Social workers are in a position to help their LGB clients focus on using self-compassion as a tool for mediating the coming-out and identity development process. Social workers should take care to become aware of their own attitudes regarding both self-compassion and their views and biases regarding LGB persons. Theoretically, the majority of LGB persons feel some degree of stigmatization regarding their LGB identity. Therefore, social workers need to have an understanding of the cultural norms and values against which LGB person may be in conflict. Social workers are encouraged to adhere to the Code of Ethics of their profession regarding respecting the dignity and worth of all people as well as being agents of social justice (NASW, 1996).

All efforts need to be made to assist LGB persons in increasing a positive self-image. However, if the social worker is not able to do this, the social worker will need to refer their client to a safe and empowering agency. The unexpectedly high correlation between coming-out and LGB identity development was not surprising; however, it brought up the questions of how prepared social workers are to engage LGB persons with their coming-out processes. The results of this dissertation suggest that LGB persons

navigate self-compassion, coming-out, and identity development when they believe in the support of those around them. Some of the research participants gave examples of supportive persons such as family members, friends, mentors, religious figures, and social workers/therapists. The end goal for all of our work as clinical social workers is to increase the likelihood that the work done with LGB clients will decrease the amount of homophobia, discrimination, stigma, and injustice found in our society.

In sum, the practice implications show that more studies regarding disenfranchised and marginalized populations must emphasize core values of the social work profession. There also needs to be a broad understanding of what it means to be “out” as an LGB person. This study challenges social workers to more overtly practice self-compassion with LGB persons in coming-out processes and how self-compassion can empower LGB individuals in all aspects of life. Finally, there is a need for the development and implementation of a self-compassion intervention that can be used with LGB clients.

Policy Implications

One of the theoretical aims of this dissertation was to look at how self-compassion works through and with the stigma LGB individuals’ experience. An important contribution this dissertation makes for policy implications is to show that there needs to be more discussion in the public realm regarding the mental health and wellness of LGB persons. Society stigmatizes LGB persons for being different from what would be considered normal. However, changing policy and society will be challenging; this dissertation therefore promotes the need for an increase in social awareness around the lives and development of LGB persons. Additionally, by

implementing LGB and ally empowerment programs, advertisements, public service announcements, and advocacy, by allies and LGB persons alike, social workers can bring change to existing policies and values within the culture.

In sum, there needs to be a development and implementation of programming to encourage the self-compassionate treatment of LGB persons in society. This will facilitate collecting more research on LGB persons in order to promote policy change, funding avenues, and ultimately a change of societal values, which empower and celebrate the diversity of the LGB community.

Research Implications

Future research in the discipline of social work regarding self-compassion is wide open. At this time, there are very few research articles highlighting self-compassion and social work. Additionally, there are few research articles highlighting self-compassion with LGB clients. Therefore, any future research with either of those areas will be beneficial for social work practice. Additionally, there is a great deal of uncharted research using self-compassion with non-Caucasian populations. Finally, research needs to be conducted so that there is a broadening and deepening of the literature regarding both self-compassion and social work practice with LGB persons. Some of the ways in which this can be done is through looking at the association of self-compassion to other issues for the LGB community, exploring self-compassion with those who are both sexual and ethnic/racial minorities, exploring the role of religion/spirituality and self-compassion with LGB persons, and exploring people who are in earlier stages of LGB development.

Relevance to Social Work Practice

Social workers are called to advocate for the rights and dignity of all people and in doing so, social workers seek to find the strengths of all people and help use those strengths to create social change. The role of the social worker is no different regarding LGB persons. There will be a continued debate regarding whether or not LGB persons are people who “deserve” to have society change its values in light of conflicting views regarding homosexuality.

However, in social work, as we treat all people as people of strength, dignity, and worth, the following could be questions a social worker asks when working with self-compassion and LGB persons.

1. How am I, as a social work professional, being a caring, nurturing, and sensitive presence in the life of this person?
2. How do I, as a social work professional, help others develop an empowered quality of life?
3. What are their individual strengths and weaknesses?
4. How do their strengths/weaknesses compliment the needs of society?
5. What can I do to help create a society focused on justice and equality?

Additionally, this dissertation will help contribute to the literature regarding how social work professionals need to acknowledge and be aware of their personal agency and biases regarding LGB individuals and to move forward in creating a community and society of equality for all.

References

- Germer, C. K. (2009). *The mindful path of self-compassion: freeing yourself from destructive thoughts and emotions*. New York, NY: The Guilford Press.
- National Association of Social Workers. (1996). *NASW code of ethics*. Retrieved from <http://www.socialworkers.org/pubs/code/default.asp>

APPENDIX A

CONSENT AND RECRUITMENT DOCUMENTS

Consent Document

BACKGROUND

You are being invited to take part in a research study: “An exploration of gay and lesbian experiences of self-compassion.” Before you decide it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully. Ask me if there is anything that is not clear or if you would like more information. Take time to decide whether you want to volunteer to take part in this study.

The purpose of the study is to look at the lived experience of gays and lesbians and the role, or lack of role, self-compassion had in your personal coming-out processes and your development of your sexual orientation and identity.

STUDY PROCEDURE

It will take you approximately 2 hours to complete this study. As part of this study you will be asked to take part in an individual interview. The interview questions will look at how you might have worked through some of the themes of self-compassion such as living in the present moment, self-kindness, and understanding the common humanity of the process. The interview will be audio taped. If you do not wish to be audio taped you should not participate in this study. The audio files will be transcribed by me for the purpose of analysis. All audio tape files will be stored in a locked filing cabinet in my office at the University of Utah and computer files will be password protected. All study data materials will be destroyed following the completion of analysis and the article for the project is complete. Every measure will be used to ensure confidentiality, privacy, and anonymity.

RISKS

The risks of this study are minimal. You may feel upset thinking about or talking about personal information related to the coming-out process and difficulties in coming to terms with your sexual identity. These risks are similar to those you experience when discussing personal information with others. If you feel upset by this experience, you can tell me and I will tell you about resources available to help.

BENEFITS

There are no direct benefits for taking part in this study. However, I hope the information I get from this study may help develop a greater understanding of the process by which gays and lesbians come to terms with their sexual orientation and identity in the future.

CONFIDENTIALITY

Your data will be kept confidential. Data and records will be stored in a locked filing cabinet or on a password protected computer located in my work space. Only I and members of my study team will have access to this information. All interviews will be coded and your name will be removed from all data gathered.

However, if you disclose actual or suspected abuse, neglect, or exploitation of a child, or disabled or elderly adult, the researcher or any member of the study staff must, and will, report this to Child Protective Services (CPS), Adult Protective Services (APS) or the nearest law enforcement agency. There are cases in which a researcher is obligated to report issues to the appropriate authorities, such as serious threats to one's self as well as to public health or safety.

PERSON TO CONTACT

If you feel you have been harmed as a result of participation, please call Douglas Crews at 352-504-5046 who may be reached during the hours of 9 a.m. to 5 p.m. Monday through Friday.

Institutional Review Board: Contact the Institutional Review Board (IRB) if you have questions regarding your rights as a research participant. Also, contact the IRB if you have questions, complaints or concerns, which you do not feel you can discuss with the investigator. The University of Utah IRB may be reached by phone at (801) 581-3655 or by e-mail at irb@hsc.utah.edu.

Research Participant Advocate: You may also contact the Research Participant Advocate (RPA) by phone at (801) 581-3803 or by email at participant.advocate@hsc.utah.edu.

VOLUNTARY PARTICIPATION

It is up to you to decide whether to take part in this study. Refusal to participate or the decision to withdraw from this research will involve no penalty or loss of benefits to which you are otherwise entitled. This will not affect your relationship with the investigator.

CONSENT

By signing this consent form, I confirm I have read the information in this consent form and have had the opportunity to ask questions. I will be given a signed copy of this consent form. I voluntarily agree to take part in this study.

Printed Name of Participant

Signature of Participant

Date

Printed Name of Researcher or Staff

Signature of Researcher or Staff

Date

Want to Participate in a Research Study?

Do you identify as gay, lesbian
or questioning?

Would you be willing to
confidentially share your story?

Please contact Doug Crews for
more information.

- Share your life experience
and views of self-care
- Plan on between 1 to 2
hours
- Participate in a confidential
individual interview



You will encounter frustrations.
Losses will occur, you will
make mistakes, bump up
against your limitations,
fall short of your ideals.
This is the human condition,
a reality shared by all of us.



—Dr. Kristin Neff



For more information, questions or for
participation contact:

Doug Crews, MDiv, MSW
College of Social Work

douglas.crews@utah.edu 352-504-5046

Internet Consent form and Recruitment E-mail

The purpose of this research study is look at the role of self-compassion as people develop positive mental health, and how self-compassion mediates a person's development of a cohesive sense of identity integration. Ultimately, this research seeks to answer the overarching question: What is the role of self-compassion in how a person develops a cohesive sense of identity?

I would like to ask you to use the link <http://www.surveymonkey.com/s/NJFBJYH> found here and at the bottom of this e-mail to complete the online questionnaire. The risks of this study are minimal. There are no direct benefits for taking part in this study. However, I hope the information received from this study may help develop a greater understanding of the processes by which people develop an integrated identity.

Your data will be kept confidential. Data and records will be stored in a locked filing cabinet or on a password-protected computer located in my workspace. Only I, and members of my study team, will have access to this information. All surveys will be coded and your name will be removed from all data gathered.

If you have any questions complaints or if you feel you have been harmed by this research please contact Douglas Crews at the College of Social Work at the University of Utah at douglas.crews@utah.edu OR 801-581-6192.

Contact the Institutional Review Board (IRB) if you have questions regarding your rights as a research participant. Also, contact the IRB if you have questions, complaints or concerns, which you do not feel you can discuss with the investigator. The University of Utah IRB may be reached by phone at (801) 581-3655 or by e-mail at irb@hsc.utah.edu.

It should take approximately 15-20 minutes to complete the questionnaire. Participation in this study is voluntary. You can choose not to take part in the online questionnaire. You can choose not to finish the questionnaire or omit any question you prefer not to answer without penalty or loss of benefits.

By completing the online questionnaire, you are giving your consent to participate. Thank you in advance for your willingness to complete this survey looking at how people treat and feel about themselves as they develop over a lifetime.

<http://www.surveymonkey.com/s/NJFBJYH>

Recruitment E-mail:

Volunteers Needed for LGBTQ Self-Compassion and Identity Survey: If you are 18 or older and lesbian, gay, bisexual, or queer, please participate in a national and anonymous online survey study on the mental health effects of sexual minority use of self-compassion on identity development. The study will take about 15 to 20 minutes to complete. Benefit to you as a participant involves contributing to current understandings regarding the effects of self-compassion on sexual minority identity development and how to better help LGBTQ people manage sexual minority identity development.

Your data will be kept confidential. Data and records will be stored in a locked filing cabinet or on a password-protected computer located in my workspace. Only I, and members of my study team, will have access to this information. All surveys will be coded and your name will be removed from all data gathered.

The study is being conducted by Douglas Crews, MDiv, MSW, and PhD Candidate through the College of Social Work at the University of Utah. If you have any questions complaints or if you feel you have been harmed by this research please contact Douglas Crews at the College of Social Work at the University of Utah at douglas.crews@utah.edu OR 801-581-6192.

Contact the Institutional Review Board (IRB) if you have questions regarding your rights as a research participant. Also, contact the IRB if you have questions, complaints or concerns which you do not feel you can discuss with the investigator. The University of Utah IRB may be reached by phone at (801) 581-3655 or by e-mail at irb@hsc.utah.edu.

It should take approximately 20 minutes to complete the questionnaire. Participation in this study is voluntary. You can choose not to take part in the online questionnaire. You can choose not to finish the questionnaire or omit any question you prefer not to answer without penalty or loss of benefits.

By completing the online questionnaire, you are giving your consent to participate. Thank you in advance for your willingness to complete this survey looking at how people treat and feel about themselves as they develop over a lifetime.

Please use this link to participate in the survey:
<http://www.surveymonkey.com/s/NJFBJYH>

Recruitment Website Advertisement

Volunteers Needed for LGBTQ Self-Compassion and Identity Survey: If you are 18 or older and lesbian, gay, bisexual, or queer, please participate in a national and anonymous online survey study on the role of self-compassion in an LGB persons' identity development. The study is being conducted by Douglas Crews, MDiv, MSW, and PhD Candidate through the College of Social Work at the University of Utah. The study will take about 15 to 20 minutes to complete. Benefit to you as a participant involves contributing to current understandings regarding the effects of self-compassion on sexual minority identity development and how to better help LGBTQ people manage sexual minority identity development. If interested, please take this survey:

<http://www.surveymonkey.com/s/NJFBJYH>

APPENDIX B

QUALITATIVE INTERVIEW SCHEDULE

INTERVIEW SCHEDULE:

The following interview questions are to help me garner an understanding of how you use, or don't use, self-compassion in your life. I would first like to have you tell me about your coming-out process, if you have already begun to come out, or about your questioning process and what either process has been like for you. Next, we will discuss how you typically react to yourself. Finally, we will discuss how you typically react to some of the difficulties you may face in your life. Please know that if you do not want to answer one of the questions, we will skip it. As well, we can stop the interview at any time as your participation is completely voluntary. Thank you in advance for your willingness to participate in this study.

How do you typically react to yourself? How do you typically react to life difficulties?

- Tell me about your experience of coming out...
- What types of things do you typically judge and criticize yourself for (appearance, career, relationships, parenting, etc.)?
- How do you treat yourself when you run into challenges in your life?
- What type of language do you use with yourself when you notice some flaw or make a mistake (do you insult yourself, or do you take a more kind and understanding tone)?
- When you are being highly self-critical, how does this make you feel inside?
- What are the consequences of being so hard on yourself? Does it make you more motivated and happy, or discouraged and depressed?
- When you notice something about yourself you don't like, do you tend to feel cut off from others, or do you feel connected with your fellow humans who are also imperfect?
- How do you think you would feel if you could truly love and accept yourself exactly as you are? Does this possibility scare you? give you hope? both?
- Do you tend to ignore the fact that you're suffering and focus exclusively on fixing the problem, or do you stop to give yourself care and comfort?
- Do you tend to get carried away by the drama of the situation, so that you make a bigger deal out of it than you need to, or do you tend to keep things in balanced perspective?

- Do you tend to feel cut off from others when things go wrong, with the irrational feeling that everyone else is having a better time of it than you, or do you get in touch with the fact that all humans experience hardship in their lives?
- How would you define self-compassion?

APPENDIX C

QUANTITATIVE MEASURES/SCALES

September 27, 2005

Dear Researcher,

Thank you for your interest in the Lesbian, Gay, and Bisexual Identity Scale. The scale was published in a scientific journal for use in the public domain. You do not need to contact any of the authors for permission to use this scale in noncommercial research. You may not use the scale for commercial purposes without permission.

The following pages contain the scale itself, as well as basic information about the scale. If you have questions or concerns about the scale that are not addressed in these pages, then feel free to contact me using the contact information below. Best wishes with your research!

Sincerely,

Jon Mohr

Assistant Professor
Clinical Psychology Program
Department of Psychology
MSN 3F5
George Mason University
Fairfax, VA 22030
E-mail: jmohr@gmu.edu
703-993-1279 Fax: 703-993-1359

INFORMATION SHEET: LESBIAN, GAY, AND BISEXUAL IDENTITY SCALE

What is the Lesbian, Gay, and Bisexual Identity Scale?

The Lesbian, Gay, and Bisexual Identity Scale (LGBIS) is a 27-item measure designed to assess six dimensions of lesbian, gay, and bisexual (LGB) identity that have been discussed in the clinical and theoretical literature. The LGBIS is a slightly reworded version of the Lesbian and Gay Identity Scale (LGIS), which is fully described in the article listed at the bottom of this page.

How are the six LGBIS subscales scored?

Internalized Homonegativity/Binegativity = average of items 3, 8R, 13, 17R, 25,

Need for Privacy = average of items 1, 6, 11, 15, 20, 24

Need for Acceptance = average of items 2, 7, 12, 16, 21

Identity Confusion = average of items 5, 10, 19, 26

Difficult Process = average of items 4, 14, 18R, 22, 27R

Superiority = average of items 9, 23

NOTE: Items followed by an “R” should be reverse scored.

What else do I need to know about scoring the LGBIS?

A second-order factor analysis has suggested that Homonegativity, Need for Privacy, Need for Acceptance, and Difficult Process load on a single, second-order factor. We interpret this factor as reflecting the degree to which individuals have overall difficulties related to their sexual orientation identity. This measure of negative identity can be calculated as follows:

Negative Identity = average of Homonegativity, Need for Privacy, Need for Acceptance, and Difficult Process

What is the difference between the LGBIS and the LGIS?

The main difference between the two measures is that LGBIS items are worded so as to be appropriate not only for lesbians and gay men but also for bisexual individuals. For example, the item “I am glad to be a lesbian/gay man” was rewritten to be “I am glad to be an LGB person”).

Before using the LGIS or LGBIS, we suggest that you read about the instrument development process in the following article:

Mohr, J. J., & Fassinger, R. E. (2000). Measuring dimensions of lesbian and gay male experience. *Measurement and Evaluation in Counseling and Development*, 33, 66-90.

Lesbian, Gay, and Bisexual Identity Scale

For each of the following statements, mark the response that best indicates your experience as a lesbian, gay, or bisexual (LGB) person. Please be as honest as possible in your responses.

- | | | |
|--|---------------------------------------|----------|
| | 1-----2-----3-----4-----5-----6-----7 | |
| | Disagree | Agree |
| | Strongly | Strongly |
-
1. ☐ I prefer to keep my same-sex romantic relationships rather private.
 2. ☐ I will never be able to accept my sexual orientation until all of the people in my life have accepted me.
 3. ☐ I would rather be straight if I could.
 4. ☐ Coming-out to my friends and family has been a very lengthy process.
 5. ☐ I'm not totally sure what my sexual orientation is.
 6. ☐ I keep careful control over who knows about my same-sex romantic relationships.
 7. ☐ I often wonder whether others judge me for my sexual orientation.
 8. ☐ I am glad to be an LGB person.
 9. ☐ I look down on heterosexuals.
 10. ☐ I keep changing my mind about my sexual orientation.
 11. ☐ My private sexual behavior is nobody's business.
 12. ☐ I can't feel comfortable knowing that others judge me negatively for my sexual orientation.
 13. ☐ Homosexual lifestyles are not as fulfilling as heterosexual lifestyles.
 14. ☐ Admitting to myself that I'm an LGB person has been a very painful process.
 15. ☐ If you are not careful about whom you come out to, you can get very hurt.
 16. ☐ Being an LGB person makes me feel insecure around straight people.
 17. ☐ I'm proud to be part of the LGB community.
 18. ☐ Developing as an LGB person has been a fairly natural process for me.
 19. ☐ I can't decide whether I am bisexual or homosexual.
 20. ☐ I think very carefully before coming-out to someone.
 21. ☐ I think a lot about how my sexual orientation affects the way people see me.
 22. ☐ Admitting to myself that I'm an LGB person has been a very slow process.
 23. ☐ Straight people have boring lives compared with LGB people.
 24. ☐ My sexual orientation is a very personal and private matter.
 25. ☐ I wish I were heterosexual.
 26. ☐ I get very confused when I try to figure out my sexual orientation.
 27. ☐ I have felt comfortable with my sexual identity just about from the start.

To Whom it May Concern:

Please feel free to use the Self-Compassion Scale in your research. You can e-mail me with any questions you may have. I would also ask that you please e-mail me about any results you obtain with the scale, and would appreciate it if you send me a copy of any article published using the scale. The appropriate reference is listed below.

Best,

Kristin Neff, Ph. D.
Associate Professor
Educational Psychology Dept.
University of Texas at Austin
1 University Station, D5800
Austin, TX 78712

e-mail: kristin.neff@mail.utexas.edu
Ph: (512) 471-0382
Fax: (512) 471-1288

Reference:

Neff, K. D. (2003). Development and validation of a scale to measure self-compassion. *Self and Identity*, 2, 223-250.

Coding Key:

Self-Kindness Items: 5, 12, 19, 23, 26

Self-Judgment Items: 1, 8, 11, 16, 21

Common Humanity Items: 3, 7, 10, 15

Isolation Items: 4, 13, 18, 25

Mindfulness Items: 9, 14, 17, 22

Over-identified Items: 2, 6, 20, 24

Subscale scores are computed by calculating the mean of subscale item responses. To compute a total self-compassion score, reverse score the negative subscale items - self-

judgment, isolation, and over-identification (i.e., 1 = 5, 2 = 4, 3 = 3, 4 = 2, 5 = 1) - then compute a total mean.

(This method of calculating the total score is slightly different than that used in the article referenced above, in which each subscale was added together. However, I find it is easier to interpret the scores if the total mean is used.)

HOW I TYPICALLY ACT TOWARDS MYSELF IN DIFFICULT TIMES

Please read each statement carefully before answering. To the left of each item, indicate how often you behave in the stated manner, using the following scale:

**Almost
never**

1

2

3

4

**Almost
always**

5

- _____ 1. I'm disapproving and judgmental about my own flaws and inadequacies.
- _____ 2. When I'm feeling down I tend to obsess and fixate on everything that's wrong.
- _____ 3. When things are going badly for me, I see the difficulties as part of life that everyone goes through.
- _____ 4. When I think about my inadequacies, it tends to make me feel more separate and cut off from the rest of the world.
- _____ 5. I try to be loving towards myself when I'm feeling emotional pain.
- _____ 6. When I fail at something important to me I become consumed by feelings of inadequacy.
- _____ 7. When I'm down and out, I remind myself that there are lots of other people in the world feeling like I am.
- _____ 8. When times are really difficult, I tend to be tough on myself.
- _____ 9. When something upsets me I try to keep my emotions in balance.

- _____ 10. When I feel inadequate in some way, I try to remind myself that feelings of inadequacy are shared by most people.
- _____ 11. I'm intolerant and impatient towards those aspects of my personality I don't like.
- _____ 12. When I'm going through a very hard time, I give myself the caring and tenderness I need.
- _____ 13. When I'm feeling down, I tend to feel like most other people are probably happier than I am.
- _____ 14. When something painful happens I try to take a balanced view of the situation.
- _____ 15. I try to see my failings as part of the human condition.
- _____ 16. When I see aspects of myself that I don't like, I get down on myself.
- _____ 17. When I fail at something important to me I try to keep things in perspective.
- _____ 18. When I'm really struggling, I tend to feel like other people must be having an easier time of it.
- _____ 19. I'm kind to myself when I'm experiencing suffering.
- _____ 20. When something upsets me I get carried away with my feelings.
- _____ 21. I can be a bit cold-hearted towards myself when I'm experiencing suffering.
- _____ 22. When I'm feeling down I try to approach my feelings with curiosity and openness.
- _____ 23. I'm tolerant of my own flaws and inadequacies.
- _____ 24. When something painful happens I tend to blow the incident out of proportion.
- _____ 25. When I fail at something that's important to me, I tend to feel alone in my failure.
- _____ 26. I try to be understanding and patient towards those aspects of my personality I don't like.

APPENDIX D

ONLINE SURVEY

Self-Compassion (short form)2

Consent

*** 1. Thank you in advance for your willingness to complete this survey looking at how people treat and feel about themselves as they develop over a life-time.**

By completing the Internet survey you will be indicating your informed consent. Most people find the survey takes about 20 minutes to complete. Your participation is completely voluntary. If you find a question objectionable or unpleasant you may skip it. Participation in the survey carries no significant risk to you.

The survey is anonymous, and does not track your identity. All efforts will be made to disguise your identity in any reports or publications related to this survey.

Contact: If you have any questions about the study you can contact Douglas Crews, at douglas.crews@utah.edu

Do you agree to participate in this survey?

- ☐ Yes
☐ No

Demographics

2. What is your sex/gender (gender expression)?

- ☐ Female ☐ Transgender
☐ Male ☐ Other

Other (please specify)

3. What is your income level?

- | | | |
|--|---|---|
| <input type="radio"/> Less than \$10,000 | <input type="radio"/> 40,000 - \$49,999 | <input type="radio"/> 80,000 - \$89,999 |
| <input type="radio"/> 10,000 - \$19,000 | <input type="radio"/> 50,000 - \$59,999 | <input type="radio"/> 90,000 - \$99,999 |
| <input type="radio"/> 20,000 - \$29,999 | <input type="radio"/> 60,000 - \$69,999 | <input type="radio"/> 100,000 - \$149,999 |
| <input type="radio"/> 30,000 - \$39,999 | <input type="radio"/> 70,000 - \$79,999 | <input type="radio"/> 150,000 and over |

Self-Compassion (short form)2

4. Which category below includes your age?

- | | |
|-----------------------------|-----------------------------|
| <input type="radio"/> 18-20 | <input type="radio"/> 50-59 |
| <input type="radio"/> 21-29 | <input type="radio"/> 60-69 |
| <input type="radio"/> 30-39 | <input type="radio"/> 70+ |
| <input type="radio"/> 40-49 | |

5. What is the highest level of school you have completed or the highest degree you have received?

- | | |
|--|---|
| <input type="radio"/> Less than high school degree | <input type="radio"/> Bachelor degree |
| <input type="radio"/> High school degree or equivalent (e.g., GED) | <input type="radio"/> Masters degree |
| <input type="radio"/> Some college but no degree | <input type="radio"/> PhD Degree |
| <input type="radio"/> Associate degree | <input type="radio"/> Profession degree (JD, MD, other) |

6. What is your relationship status?

- | | |
|--|---|
| <input type="radio"/> Single (Never Married) | <input type="radio"/> Partnered/Cohabiting |
| <input type="radio"/> Divorced | <input type="radio"/> In a committed relationship |
| <input type="radio"/> Widowed | <input type="radio"/> Separated |
| <input type="radio"/> Married | |

Other (please specify)

7. What is your race/ethnicity?

- | | |
|--|--|
| <input type="radio"/> African American | <input type="radio"/> Multiracial |
| <input type="radio"/> Asian American | <input type="radio"/> Native American/Alaska Native |
| <input type="radio"/> Caucasian | <input type="radio"/> Native Hawaiians/other Pacific Islanders |
| <input type="radio"/> Latino/Hispanic | <input type="radio"/> Other |
| <input type="radio"/> Middle Eastern | |

Other (please specify)

Self-Compassion (short form)2

8. What, of the following, best describes your religious affiliation.

- | | | |
|---|--------------------------------|---------------------------------|
| <input type="radio"/> Christian, Catholic | <input type="radio"/> Muslim | <input type="radio"/> Spiritual |
| <input type="radio"/> Christian, Protestant | <input type="radio"/> Jewish | <input type="radio"/> Humanist |
| <input type="radio"/> Christian, LDS | <input type="radio"/> Baha'i | <input type="radio"/> None |
| <input type="radio"/> Christian, Other | <input type="radio"/> Atheist | <input type="radio"/> Other |
| <input type="radio"/> Buddhist | <input type="radio"/> Agnostic | |
| <input type="radio"/> Hindu | <input type="radio"/> Wiccan | |

Other (please specify)

9. How often do you engage in religious/spiritual practices?

- | | |
|---|--|
| <input type="radio"/> Never | <input type="radio"/> Occasionally (about 7-11 times per year) |
| <input type="radio"/> Rarely (about 1-3 times per year) | <input type="radio"/> Frequently (at least once per month) |
| <input type="radio"/> Seldom (about 4-6 times per year) | <input type="radio"/> Most of the time (two or more times per month) |

*10. What is your sexual orientation?

- | | |
|--|---|
| <input type="radio"/> Questioning/Not Sure | <input type="radio"/> Heterosexual/Straight |
| <input type="radio"/> Bisexual | <input type="radio"/> Lesbian |
| <input type="radio"/> Gay | <input type="radio"/> Other |

Other (please specify)

Outness

11. Please indicate your level of being "out"?

- | | |
|--|--|
| <input type="radio"/> Not out at all | <input type="radio"/> Out to most friends and family |
| <input type="radio"/> Out to some friends | <input type="radio"/> Totally out |
| <input type="radio"/> Out to some friends and family | <input type="radio"/> Ally/Straight |
| <input type="radio"/> Out to most friends | |

LGB1

Self-Compassion (short form)2

12. For each of the following statements, mark the response that best indicates your experience as a lesbian, gay, or bisexual (LGB) person. Please be as honest as possible in your responses.

	Strongly disagree	Disagree	Somewhat disagree	Neither disagree or agree	Somewhat agree	Agree	Strongly Agree
I prefer to keep my same-sex romantic relationships rather private.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I will never be able to accept my sexual orientation until all of the people in my life have accepted me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would rather be straight if I could.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Coming out to my friends and family has been a very lengthy process.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am not totally sure what my sexual orientation is.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I keep careful control over who knows about my same-sex romantic relationships.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I often wonder whether others judge me for my sexual orientation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am glad to be an LGB person.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I look down on heterosexuals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I keep changing my mind about my sexual orientation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My private sexual behavior is nobody's business.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can't feel comfortable knowing that others judge me negatively for my sexual orientation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Homosexual lifestyles are not as fulfilling as heterosexual lifestyles.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

LGB2

Self-Compassion (short form)2

13. For each of the following statements, mark the response that best indicates your experience as a lesbian, gay, or bisexual (LGB) person. Please be as honest as possible in your responses.

	Strongly disagree	Disagree	Somewhat disagree	Neither disagree or agree	Somewhat agree	Agree	Strongly Agree
Admitting to myself that I am an LGB person has been a very painful process.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If you are not careful about whom you come out to, you can get very hurt.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being an LGB person makes me feel insecure around straight people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am proud to be part of the LGB community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developing as an LGB person has been a fairly natural process for me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can't decide whether I am bisexual or homosexual.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I think very carefully before coming out to someone.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I think a lot about how my sexual orientation affects the way people see me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Admitting to myself that I am an LGB person has been a very slow process.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Straight people have boring lives compared with LGB people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My sexual orientation is a very personal and private matter.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I wish I were heterosexual.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I get very confused when I try to figure out my sexual orientation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have felt comfortable with my sexual orientation just about from the start.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SC1

Self-Compassion (short form)2

14. Please read each statement carefully before answering. Indicate how often you behave in the stated manner.

	Almost never	Occasionally	About half the time	Fairly often	Almost always
I'm disapproving and judgmental about my own flaws and inadequacies.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I'm feeling down I tend to obsess and fixate on everything that's wrong.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When things are going badly for me, I see the difficulties as part of life that everyone goes through.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I think about my inadequacies, it tends to make me feel more separate and cut off from the rest of the world.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I try to be loving towards myself when I'm feeling emotional pain.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I fail at something important to me I become consumed by feelings of inadequacy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I'm down and out, I remind myself that there are lots of other people in the world feeling like I am.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When times are really difficult, I tend to be tough on myself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When something upsets me I try to keep my emotions in balance.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I feel inadequate in some way, I try to remind myself that feelings of inadequacy are shared by most people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I'm intolerant and impatient towards those aspects of my personality I don't like.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I'm going through a very hard time, I give myself the caring and tenderness I need.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SC2

Self-Compassion (short form)2

15. Please read each statement carefully before answering. Indicate how often you behave in the stated manner.

	Almost never	Occasionally	About half the time	Fairly often	Almost always
When I'm feeling down, I tend to feel like most other people are probably happier than I am.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When something painful happens I try to take a balanced view of the situation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I try to see my failings as part of the human condition.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I see aspects of myself that I don't like, I get down on myself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I fail at something important to me I try to keep things in perspective.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I'm really struggling, I tend to feel like other people must be having an easier time of it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I'm kind to myself when I'm experiencing suffering.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When something upsets me I get carried away with my feelings.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can be a bit cold-hearted towards myself when I'm experiencing suffering.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I'm feeling down I try to approach my feelings with curiosity and openness.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I'm tolerant of my own flaws and inadequacies.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When something painful happens I tend to blow the incident out of proportion.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I fail at something that's important to me, I tend to feel alone in my failure.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I try to be understanding and patient towards those aspects of my personality I don't like.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Self-Compassion (short form)2**Thank You**

16. Thank you for your time in taking this survey. If you wish, please leave a comment about ways in which you take care of yourself.

Thank You.